

Leaders address IV fluid bag shortage

WHEN HURRICANE MARIA pummeled Puerto Rico last September, it caused widespread devastation – leaving homes destroyed, businesses leveled and manufacturing plants in ruins. When the facility that produced 40 percent of the nation's IV fluid bags was rendered inoperable, it set into motion a shortage that has impacted hospitals throughout the United States.

Since October, the MGH – which uses tens of thousands of bags of fluid on a weekly basis – has been actively addressing the IV fluid bag shortage, implementing adaptive strategies, launching its emergency Hospital Incident Command System to help coordinate the response, and creating a multidisciplinary work group to meet daily to further brainstorm safe, effective ways to conserve fluids while continuing to maintain the highest level of quality. On Jan. 9, hospital leaders also hosted a “Town Hall: IV Fluid Bag Shortage” meeting in the O’Keeffe Auditorium to provide a status update and field questions from staff. A video of the presentation is now available for viewing on Apollo, the MGH intranet.

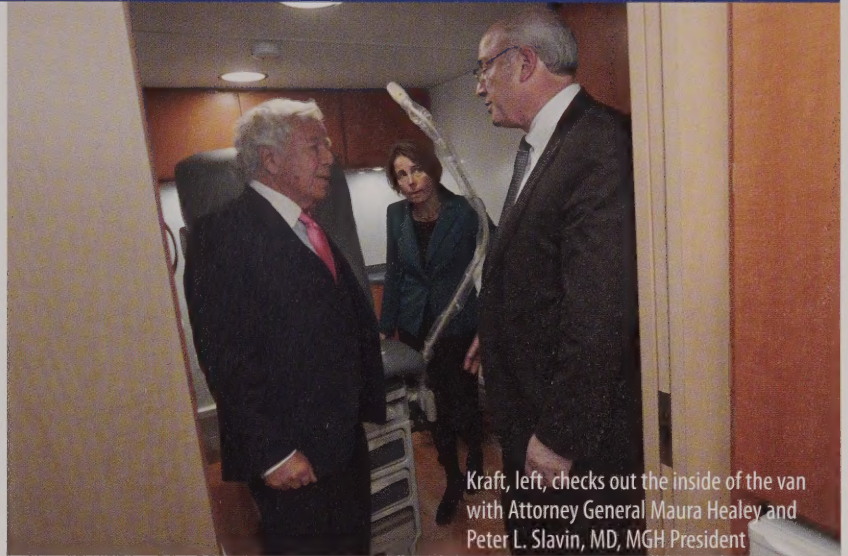


ADDRESSING THE SHORTAGE: Lund speaking at the Town Hall.

“Since almost the moment the hurricane hit Puerto Rico, we’ve been working on this situation,” said Paul Biddinger, MD, chief of the Division of Emergency Preparedness. “People have been taking really heroic measures long before this became a crisis. But I want people to understand this is not just a Mass General problem. It’s not just a Northeast problem. It’s a national problem.”

Biddinger explained that hospitals subscribe to a “just in time” inventory methodology, similar to many other industries in the country. “We as a hospital, on average, have on hand three days of consumable items. When we use these supplies, we order new things from the distributor,”

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Kraft, left, checks out the inside of the van with Attorney General Maura Healey and Peter L. Slavin, MD, MGH President

CareZONE in the end zone

IT’S NOT EVERY DAY that Robert Kraft equates someone to the five-time Super Bowl champion quarterback of the New England Patriots. But on Jan. 9, the team’s owner did just that, dubbing The Kraft Center for Community Health’s executive director Elsie Taveras, MD, as “the center’s Tom Brady.”

Taveras confidently quarterbacked the launch of a new mobile health initiative – the first of its kind in New England – during a special ceremony on City Hall Plaza. She invited attendees to take a closer look at *CareZONE*, the mobile health van which has been transformed into an exam room outfitted with cabinets for supply storage, a sink, counter space, a television monitor and an exam chair.

The new community outreach program, spearheaded by The Kraft Center for Community Health at the MGH, seeks to better engage with individuals struggling with addition and complex health conditions who are not well connected to health care services.

The mobile van will provide rapid access to treatment and harm reduction services for people with substance use disorders. It will provide primary and preventative care to underserved populations and those who might not be comfortable receiving addiction care from a traditional health care facility. Patients will have access to screenings for tuberculosis, cancer and sexually transmitted infections, and also receive immunizations and treatment for chronic disease management, including HIV. The van will be stationed in Dudley Square and the West End where individuals who may be disconnected from traditional addiction resources can find help.

“Building on the successful first five years of the Kraft Center and faced with many emerging and continued challenges to community health, Mr. Kraft challenged us to go beyond the doors of our health centers and develop ‘boots on the ground’ frontline services to better meet the needs of marginalized populations. With this *CareZONE* program we hope to build out the continuum of addiction care and increase access to treatment and engagement in recovery,” said Taveras.

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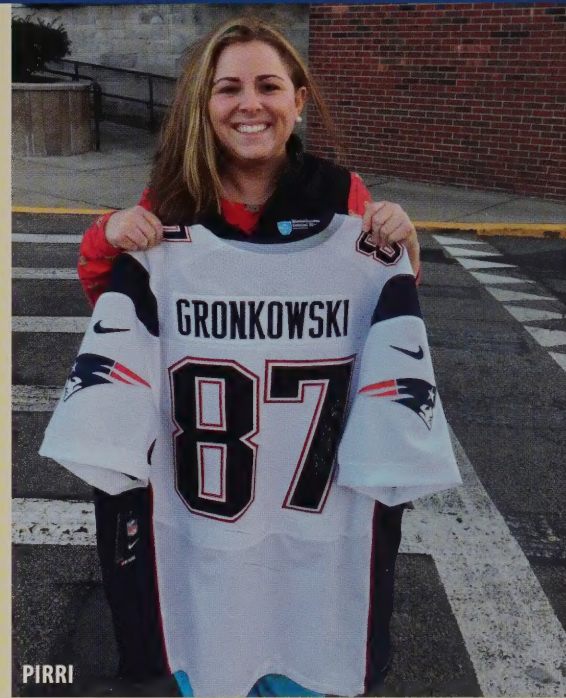
Sacking the flu

JUST IN TIME for the New England Patriots first playoff game, Michelle Pirri, RN, of the Emergency Department, was selected as the lucky winner of an autographed Rob Gronkowski jersey. Her name was drawn from all employees who received their flu shot or documented their declination in PeopleSoft by Dec. 8, 2017.

"Influenza can target people of all ages, including those who are normally healthy with strong immune systems," says Pirri. "Working in the Emergency Department we see firsthand how severe and life-threatening complications of the flu can truly be. In fact, four years ago my husband became septic from complications of the flu, requiring him to stay several days as an inpatient here at MGH. It is a powerful reminder how very important it is to take that one minute each year to get the flu shot."

It is not too late to receive the flu vaccine. Staff can visit Occupational Health, located at 165 Cambridge St., fourth floor, Monday through Friday, 7 am - 5 pm. Walk-ins are welcome or call 617-726-2217 to make an appointment.

"Take it from Michelle and all of your colleagues who received their flu shot so far this year – receiving your vaccine is the best way to protect not only yourself, but your family, coworkers and patients from influenza this winter," says David Hooper, MD, chief of the MGH Infection Control Unit. "It's important that we as health care professionals set an example and do everything we can to protect ourselves and our patients."



Making the rounds

WARM WELCOME: On Jan. 8, Debbie Burke, RN, DNP, MBA, NEA-BC, kicked off the new year in her new position as senior vice president for Patient Care and chief nurse. Burke, who has worked at the MGH for 36 years, has been visiting units and attending meetings to introduce herself, talk with staff and field questions. She is pictured here (fifth from left) with her Lunder 6, Neuro ICU colleagues during their Jan. 9 staff meeting.

— CareZONE

(Continued from page 1)

With an average of six people dying every day in Massachusetts from an opioid overdose, this new program aims to offer another avenue of care.

"Every pathway to recovery seems unorthodox at first, until it works," said Massachusetts Gov. Charlie Baker. "We have a long way to go, and we do not have all the answers, but we are providing one more pathway to recovery from this terrible disease."

The Kraft Center for Community Health at MGH was established by Kraft and his family in 2011 with the goal of expanding access to high quality care in new and innovative ways. For the past year, Taveras and The Kraft Center – who partnered with the GE Foundation, Ford Motor Company, the Hearst Group, Boston Health Care for the Homeless Program (BHCHP) and the Boston Public Health Commission – have been working to make the mobile van a reality.

The CareZONE van will be staffed with members from the BHCHP medical group and the AHOPE harm reduction team, which is the Boston Public Health Commission's harm reduction and needle exchange program.

"We see tremendous value in being in the community, building engagement and trust, and partnering with clinical and public health practitioners to offer a path to recovery and not give up on people," Taveras said. ■



Kaleidoscope art gallery opens in Pediatric Oncology Clinic

FOR MANY CHILDREN and young adults, expressing their feelings through art is an important way to cope with the myriad challenges of cancer treatment. “Kaleidoscope: Turning Art into Healing” is a program offered by the Division of Pediatric Hematology and Oncology at MassGeneral Hospital for Children for patients and their siblings to share their stories through artistic representation.

Kaleidoscope participants have created paintings, drawings, 3-D art, poetry and photography. They also were asked to reflect on their work and how it related to their cancer experience. “The art and artists’ statements highlight the resilience of our patients,” said Kelsey Skerpan, art therapist for the Katherine A. Gallagher Integrative Therapies Program at the MGH. “Hopefully all who walk through the clinic and view the art will be able to carry with them the message to continue to fight, to hope and to feel connected knowing others are facing similar challenges”.

On Dec. 27, 2017, the final products were placed on exhibit in the Pediatric Oncology clinic on Yawkey 8B, where they will remain on

willingness to share their stories and artistic contributions.

Elyssa Denault – a cancer survivor who completed treatment in 2017 for Hodgkin lymphoma – completed a piece entitled “Smile.” During the event, she spoke about the meaning of artistic expression during her chemotherapy treatment. “I am so thankful and honored to be a part of this Kaleidoscope Program,” she said. “Art took me away from what I came to clinic for. Without having it introduced to me here, I would have never thought it would be helpful.”

Elyse Levin-Russman, LICSW, clinical social worker in Pediatric Oncology and coordinator of the event, stressed the importance of celebrating the artists and the meaning of their work. “We asked if you would be willing to share your talents and messages with other children, young adults and families,” she said. “You responded in a way that we couldn’t have begun to imagine. Your reflections and insights remind us of your strengths and will serve as an inspiration for all of us who have been fortunate enough to care for you.” ■



display for the coming year. The artists, who attended the opening celebration with their families, were honored and recognized for their honesty, courage and



HEALING THROUGH ART: Participants at the opening of the Kaleidoscope exhibit.

Revere Youth Zone gets a visit from rock royalty

GRAMMY-NOMINATED PRODUCER, composer and world-renowned guitarist Jon Butcher visited the MGH Revere Youth Zone Dec. 5, 2017 as part of the Career Spotlight series. Butcher – widely considered one of Boston’s rock royalty – inspired the students with his amazing talent.

“Jon shared how in his youth he developed a love of music and the guitar in particular,” said Leslie Heffron, RN, manager of Youth Services at the MGH Revere Health Care Center. “He talked about his career trajectory and encouraged students to find their passion and stay committed to following their dreams. It was a very special day for our Youth Zone members.”

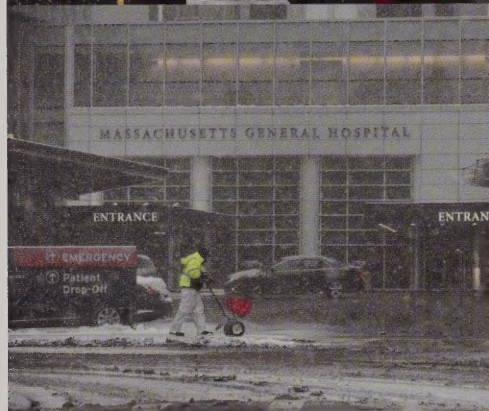
Heffron said after his visit to the group, Butcher was so impressed with the kids’ enthusiasm, intellect and boundless energy that he put together a photomontage tribute of his visit with them, set to his soulful rendition of “Somewhere Over the Rainbow.”

“I think it captures the hopefulness and positive spirit of these kids and organization – and my experience there – perfectly, through the lyrics of the song,” said Butcher.

The Youth Zone – run through the MGH Revere Health Care Center – is a free afterschool program for Revere youth ages 9-17. The program aims to engage students in numerous safe activities, clubs and community service initiatives and provide a supportive out-of-school environment.



MUSIC MAGIC: A YouthZone member impressed Butcher while playing his Fender Stratocaster guitar



Hard at work

NOT EVEN a “bomb cyclone” can keep the MGH from providing excellent patient care. On Jan. 4, while winter storm Grayson dumped a foot of snow in Boston, MGH Buildings and Grounds staff worked to ensure sidewalks were clear and salted, ambassadors welcomed patients, and staff – canines included – continued to provide the best care. In other words, it was business as usual at the MGH.



– IV fluid bag shortage

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who then orders it from the manufacturer to replace them. And that’s great – unless there is a hiccup in the flow, which there now is. That is the situation we are in right now.”

One of the hospital’s early initiatives was described by O’Neil Britton, MD, chief medical officer, who helped to identify “Service Lead” physicians who work closely with Nursing and Pharmacy leaders to coordinate conservation efforts in each unit. “These groups have assumed responsibility for daily rounds to review all IV fluid and IV medication orders for every patient,” Britton said.

Sue Algeri, RN, associate chief nurse, and Colleen Snyderman, RN, director of Quality and Safety for Patient Care Services, provided an overview of a few of the many conservation strategies the hospital has implemented, including providing patients with oral alternatives for all possible medications – particularly electrolyte repletion and antibiotics, promoting oral hydration by substituting IVs with water, Gatorade or Pedialyte, and using intramuscular injections for medications when available. And, Jim Lund, director of Pharmacy Operations, reviewed current medication inventory status and outlined how Pharmacy staff perform daily assessments with Materials Management regarding the allocation of supplies between units and the Pharmacy.

All speakers stressed that, while the shortage is a serious situation, it has not adversely impacted patient care. They all commended staff for their diligence and dedication during the past few months.

“This is what we do best,” Snyderman said. “We leverage the interdisciplinary teamwork and relationships that you all have at the unit level – that’s exactly what’s happening. We thank you all for this important work.”

MGH staff: For more information, visit apollo.massgeneral.org/ivfluids.

IV FLUID SHORTAGE: TALKING POINTS

Below are some important talking points for patients, caregivers and visitors about the situation at the MGH and throughout the U.S.

I heard that there is a shortage of bags of IV fluids.

If I need IV fluids, will I get them?

If IV fluids are the best option for you, you will get them.

Will the IV fluid shortage affect my care?

Our top priority is to provide you with the highest-quality care. We can often use pills or liquid medications instead of medications that are delivered by IV fluids.

What products are affected by the shortage?

Bags of IV fluids are in short supply throughout the United States.

What are IV fluids?

They are sterile fluids in a bag that are given directly into a vein.

Why there is a shortage of IV fluids?

Medical product factories in Puerto Rico that make IV fluids were damaged in Hurricane Maria. This has caused a shortage of IV fluids throughout the United States.



Specialty pharmacy pilot program launches

ENBREL. HUMIRA. SOVALDI. XELODA.

For many people suffering from chronic inflammatory arthritis, gastrointestinal illnesses and certain cancers, medications like these can be highly effective in managing conditions and improving overall quality of life, but also very expensive and challenging to manage at home. Traditionally, these specialty medications are prescribed by clinicians, obtained at a chain store pharmacy or outside specialty pharmacy and self-administered by the patient at home.

Enter the new Partners HealthCare Specialty Pharmacy. The program was first rolled out to patients within the MGH Department of Rheumatology in December 2017. It replaces typical third-party pharmacies by delivering medications directly to patients, securing these medical supplies at a lower cost. The team also provides medication management guidance and financial assistance services.

"The current specialty pharmacy process is extremely fragmented with no patient status information being sent back to the provider once the prescription is transmitted to an outside specialty pharmacy," says Chris Fortier, PharmD, MGH chief pharmacy officer. "The Partners Specialty Pharmacy allows providers a direct line to a pharmacy team dedicated to Partners patients and offers clinicians real-time patient information in the eCare record specific to the patient's utilization of that specialty medication."

The Partners Specialty Pharmacy staff uses Epic – the electronic health record – to help patients with the assessment, monitoring and management of high-cost drugs. The team also streamlines the complex prior-authorization process for clinical teams, reducing cost and paperwork for physicians and practice staff.

The program already has grown to include MGH Gastroenterology and will extend to Oncology in March, when it also will be rolled

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HEART RESTART: Daignault, center, with members of his care team. From left, Janice Camuso, RN, Turvey, Steiner, D'Alessandro, Lewis, Gaj and Katie Stettner, PA

New heart for a new year MGH marks 500th heart transplant

KEVIN DAIGNAULT, 55, says his wife, Susan, just happened to notice her smartphone light up in the early morning hours of Dec. 29, 2017, having somehow missed dozens of other urgent calls from a small office on Cox 6 at the MGH.

Karen Turvey, CNP, of Transplant Surgery, was repeatedly dialing the couple with the news that a donor heart had become available – and Daignault was first in line to receive it.

"We packed a bag and got on the road," says Daignault. He and Susan immediately set out on the more than five-hour drive to the MGH from northern Vermont. "Six hours later it felt surreal to be at the hospital being prepared for transplant surgery."

It was days later – while in recovery – that Daignault learned he was the 500th patient to receive a heart transplant at the MGH, which began its heart transplant program in 1985.

"Kevin was also the 40th transplant we performed in 2017, which is almost double the number we achieved for patients two years ago," says David D'Alessandro, MD, surgical director of MGH Heart Transplantation and a member of Daignault's care team.

Kerry Gaj, NP, of Transplant Surgery, credits this increase to the strong, dedicated leadership of both D'Alessandro and Greg Lewis, MD, medical director for Heart Transplantation, as well as the "close coordination the program enjoys with other experts in heart failure."

One of those experts is Johannes Steiner, MD, a cardiologist and heart failure specialist at the University of Vermont Medical Center. Steiner trained at the MGH and remains on staff with the MGH Heart Failure and Cardiac Transplant Program. "When I first met Kevin in late 2016, he was debilitated by his end-stage heart failure," says Steiner. "We soon realized medical management would not suffice, and heart transplantation was his only viable option."

With a referral from Steiner, Daignault underwent surgery at the MGH in October to receive a left ventricular assist device (LVAD), a mechanical heart pump. He then was placed on the transplant list as Status Code 1A, a high priority for transplant based on medical needs. Daignault's heart was transplanted less than three months after the LVAD placement, just in time for the new year.

"It really feels like a new lease on life," says Daignault. "I feel like I'm starting life all over again." ■

"Our whole goal is to preserve patient safety. The situation is serious, but because of the work of everyone around the hospital – whether it's changing an NPO [nothing by mouth] strategy before patients go to the OR, whether it's exchanging saline for lactated ringers, or any of the other alternatives we've introduced – the quality of patient care has been the same. It's just delivered in a different way."

– **Paul Biddinger, MD, chief of the Division of Emergency Preparedness**

MEMBERS OF THE MGH Hospital Incident Command System (HICS) IV Fluid Working Group gather around a conference room in the Founders Building. Will Rosales, senior manager of MGH Materials Management, begins the meeting by reviewing the supply chain spreadsheet, a document that has become like a daily newspaper, detailing the good and difficult news the group can expect that day.

The list is long.

"We are placing the maximum orders daily," he says. "As you know, it's peaked and flowed at different times. But we look OK for today."

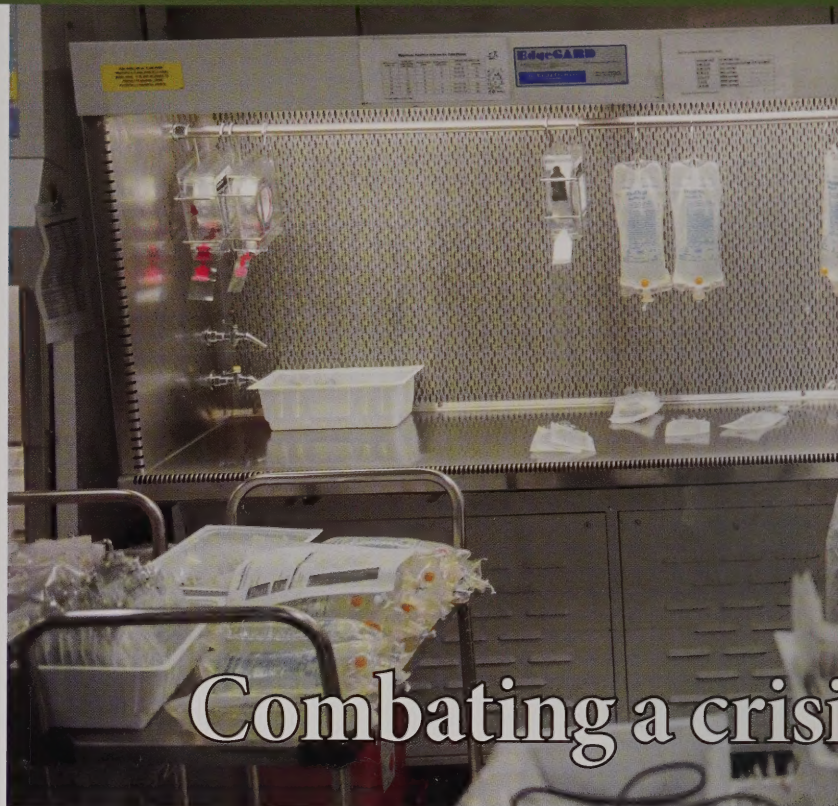
WHEN HURRICANE MARIA tore through Puerto Rico Sept. 20, 2017, its path of destruction included three Baxter International manufacturing plants, which produced more than 40 percent of the United States' supply of saline fluid bags. Although more than 1,500 miles away, the MGH has seen and felt the ripple effect of Mother Nature's wrath – experiencing first-hand how the massive destruction there has become a major disruption here.

Within days of the storm, staff throughout the hospital jumped into action, knowing that the tens of thousands of bags of fluids the hospital relies on every week would soon be in jeopardy. Various departments began to investigate alternate ways to obtain supplies, and staff worked to outline potential workarounds and clinical treatment alternatives. In November, the MGH activated its HICS team to help coordinate the response, bringing together representatives from major departments throughout the institution.

In the five months since the hurricane made landfall, the HICS team – and its accompanying subcommittees and advisory groups – have met on a daily basis, sometimes multiple times a day, to evaluate, assist and strategize for today, tomorrow and the coming weeks and months. There have been dozens of clinical alternatives introduced, in addition to staff closely adhering to the situation's repeated mantra that "conservation is key."

While this specific IV fluid bag shortage is a first for the MGH, it is one that its staff members are well-equipped to handle thanks to the hospitalwide emphasis on continual emergency preparation efforts, and lessons learned from past experiences. This crisis comes on the heels of numerous other emergencies, including caring for the badly injured patients following Boston Marathon bombings, and planning for possible outbreaks of H1N1, Ebola, and other epidemics.

"While the IV fluid bag shortage is something we need to look at and deal with very carefully, it isn't a situation that we were unprepared to address," says Dave Reisman, associate director, Center for Disaster Medicine. "It has been different in that we are using the emergency management structure internally on a long-term basis, as this is one of the most extended events that we've seen. But, the training and preparation we work on every day of the year – coupled with the dedication and commitment of our staff – makes this manageable."



Combating a crisis

"We won the lottery today, but may not win it tomorrow."

– **Ali Parmar, senior administrative manager, Center for Disaster Medicine, when a recent fluid bag supply order is fulfilled**

LISA MARTINO SITS in the empty Materials Management conference room, tucked in the basement of the Lunder Building. Laptop open, the department manager concentrates intently on a document filling the screen. The only sound in the room is the click of keys as Martino enters the morning's clinical supply statuses. She details some entries with an accompanying color – bright hues that are in stark contrast to the spreadsheet's sea of black and white words and numbers. Yellow depicts caution. Red denotes critical. Then there are the black squares with the most concerning status – out.

While always part of her job duties, this monitoring, updating, ordering, adjusting – and readjusting – has become a much more in-depth and time-consuming part of daily life. "This is a unique case," Martino says. "It's taken up a good portion of my time. Looking at reports, compiling the data, discussing them at the HICS working group meetings – it takes about three hours a day."

Martino says the HICS structure and the dedication of its active team members have helped alleviate some of the concerns that come with any shortage. "We all typically work together on a smaller scale – a much smaller scale – on backorder issues," she says. "But here, everyone is in the room. We ask for and need everyone's input. I'm not a clinician, so working closely with the larger team helps me to prioritize what needs to be done. And, it's not just the emergency group. There have been a lot of conservation efforts put into place and we've seen a decrease in usage allocations. Everybody has really made these great, strong efforts to conserve products."



TECHNICIANS IN THE Central Pharmacy IV Compounding Unit pump fluid from a large IV solution bag into smaller bags. More than 1,000 intravenous medication doses are mixed in IV fluid bags daily in this room. After the storm, the Department of Pharmacy started making its own IV fluid bags to fulfill the needs of the hospital. It's a time-intensive process,



Mission possible



and one of the adaptive measures the MGH introduced in October:

"It's really nerve-wracking not knowing when – or if – there is a reliable supply coming in," says Lindsey Smith, PharmD, manager of Pharmacy Operations. "It's one of those things that you really don't know what you have until it's taken away from you. But, I do not think we ever deviated too far from our norm. I think we were really helped by the collaborative approach we took."

Smith points to the silver racks of supplies – a glaring visual reminder of exactly what is available at any given moment. "Imagine walking in here and seeing only a small supply when there normally are 7,000 units available," she says. "There were three times when we ran almost to zero. We all take patient care very seriously, and we know what it would mean if the fluids were gone."

"There have been 47 adaptive strategies implemented since October. Staff have really come together to help with conservation efforts and this has been immensely helpful."

– Sue Algeri, RN, associate chief nurse

ELEVEN FLOORS AWAY – on the Cardiac Care Step-Down Unit on Ellison 10 – Kate Benacchio, RN, clinical nurse specialist, reviews the daily medical supply spreadsheet. On her desk – surrounded by Post-It notes and a child's colorful Crayola drawings – are a stack of Practice Updates created by the Patient Care Service Quality



and Safety Office. The documents feature updates to Epic orders and other key information specific to the IV fluid bag shortage.

"Because this was so unexpected, it caught us off guard," Benacchio says. "I don't think you realize how much of an impact one single storm can make. It's been interesting to see how we have evolved in the four to five months since this happened."

Benacchio says although the shortage has been challenging at times, it also has been rewarding to see the dedication and commitment across so many levels of the institution. As Benacchio walks through the unit, she passes by a nurse guiding and encouraging a patient on his second lap around the reception desk, and she closely monitors the screens beeping in rhythm of the hearts of the nearby patients. An alarm sounds and Benacchio races to a nearby room, gently redirecting the patient at risk for falls from trying to get out of bed unassisted.

"Nurses are really good at improvising and getting the job done," she says. "I feel really lucky to work in an institution that values nursing. Nurses are always at the table and they are well represented. We are in the thick of things and our input is valued and appreciated – and listened to. And, it's not just nursing leadership, we all sit at the table equally. It's really refreshing to see."

"Although this situation has been – and continues to be – challenging, it also has allowed us to gain an incredible education and helpful insights into future emergencies. The lessons we've learned from these collaborative efforts will help drive our planning in the years to come."

– Rob Krupa, Planning, Training and Exercise program manager, Center for Disaster Medicine

QUALITY AND SAFETY are commitments that the hospital and its caregivers stress when talking with patients, their caregivers and families. "It's true that how care is provided may look a bit different in some areas, but the goal of providing kind, compassionate, top-notch care remains top of mind," says Colleen Snyderman, RN, director of Quality and Safety for Patient Care Services. "We've kept quality and safety at the forefront of everything we are doing because we don't want this shortage to impact patient care."

Snyderman says to ensure ongoing, high-quality care her team has been encouraging staff to submit safety reports – documenting anything they see that could impact quality and safety – which are monitored 24 hours a day, seven days a week. "It's important that we detect any problems early and make immediate changes," she says. "These are the guiding principles – every day, whether or not we are in a situation like this shortage – and we keep them front and center to everything we do."

Research Roundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

LOW-NORMAL THYROID LEVELS MAY AFFECT A WOMAN'S FERTILITY

New research suggests that a slightly underactive thyroid may affect a woman's ability to become pregnant, even when the gland is functioning at the low end of the normal range. The study found that women who have unexplained infertility were nearly twice as likely to have higher levels of a hormone that stimulates the thyroid gland than women with infertility related to a known cause.

Thyroid-stimulating hormone (TSH) is produced by the pituitary gland and tells the thyroid gland to produce more hormones when needed. Elevated TSH levels can be a sign that the thyroid gland is underactive. The researchers, led by Pouneh K. Fazeli, MD, MPH, of the MGH Neuroendocrine & Pituitary Tumor Clinical Center, compared TSH levels in female patients between the ages of 18 and 39 who had difficulty conceiving. Of that group, 187 women had difficulty conceiving for unknown reasons, while 52 had partners with severe male factor infertility.

The researchers found that women with unexplained infertility had significantly higher levels of TSH than those whose infertility had a known cause. More research is needed to determine whether

treating higher TSH levels with thyroid hormone can improve the chance of getting pregnant.

NEW EVIDENCE SUPPORTS HIV SCREENING IN YOUNG ADULTHOOD

Research led by Anne Neilan, MD, MPH, of the MGH Division of Infectious Diseases and the Medical Practice Evaluation Center, finds that 25 is the best age to screen for HIV among people not at high risk for the disease.

The Centers for Disease Control and Prevention (CDC) currently recommends that every American be tested for HIV at least once between ages 13 and 64. Given that large age range, Neilan and her research team sought to refine the recommended age range to make screening more effective.

The study used data from the CDC that documented new diagnoses of HIV from 2009 to 2013. In that period, the highest rates of new infections were among people ages 22 to 25. Using a computer simulation model it had developed, the research team determined that testing at age 25 would be the most effective in improving rates of diagnosis and individual outcomes, as well as the most cost-effective.

The results do not apply to youth at high risk of contracting HIV, who should be screened

more frequently.

MANY BRAIN TUMOR PATIENTS DO NOT RECEIVE ADEQUATE END-OF-LIFE CARE

Patients with brain tumors called malignant gliomas often experience quickly deteriorating physical health, and the average survival time for the aggressive and highly fatal glioblastomas is 15 months. Previous research has demonstrated the benefits of hospice services for patients with terminal illnesses, but no prior study has analyzed how glioma patients use these services.

The MGH Cancer Center team, led by Justin Jordan, MD, MPH, analyzed information from a database of nearly 12,500 patients who were treated for and died from malignant gliomas.

They found that 37 percent of patients received no hospice care prior to death. For those who did use hospice services, the average length of stay was 21 days. However, 23 percent of patients enrolled less than a week before death, and 11 percent enrolled less than three days before death, probably limiting the benefits they and their families could receive from hospice services.

Further research is needed to understand barriers to hospice enrollment for patients with malignant gliomas. ■

HealthStream hero

ELIZABETH MORT, MD, senior vice president of Quality and Safety and chief quality officer, and John Belknap, chief compliance officer, present Grace Raffa, of Nutrition and Food Services, with an official New England Patriots jersey autographed by tight end Rob Gronkowski. Raffa – who works at Coffee Central

– was among the 24,000 MGHers eligible to win the jersey by completing the FY 18 MGH Annual Required Training by the Dec. 31, 2017 deadline. This annual training supports Excellence Every Day at the MGH. To complete the training assignment in HealthStream log onto any Partners workstation and go to  >Utilities >HealthStream and click the "To Do" tab.

DOING HER JOB: From left, Mort, Raffa and Belknap



- Specialty pharmacy

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out at Brigham and Women's Hospital.

"We've had a terrific experience piloting our services in Rheumatology and GI. Clinicians and office staff have been very receptive and helpful during the process," says Michael Carter, RPh, corporate director of Specialty Pharmacy. "We're very appreciative they have entrusted Partners HealthCare Specialty Pharmacy with their patients and welcomed us to the care team."

It's not too late!

MGH EMPLOYEES who still need the seasonal flu (influenza) vaccine should visit the Occupational Health Services office at 165 Cambridge St. Suite 404. Walk-ins are welcome, or call 617-726-2217 to schedule an appointment. ■



The gold standard of nursing excellence: MGH earns Magnet designation

"IT IS MY HONOR to officially notify you that the commission unanimously voted to credential the Massachusetts General Hospital as a Magnet organization for the fourth time. Congratulations."

With those words, Donna Havens, RN, PhD, FAAN, chair of the American Nurses Credentialing Center (ANCC) Commission on Magnet Recognition, officially confirmed the MGH's status as a Magnet designated-hospital. "You certainly deserved it, you earned it. This is truly a testament to your commitment to nursing excellence." The news was shared via a Jan. 31 phone call in the O'Keefe Auditorium and was livestreamed throughout the hospital.

"Congratulations to our spectacular nursing staff and to the entire MGH community," said Debbie Burke, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care and chief nurse. "The skill and dedication you offer to our patients and families every single day define what being a Magnet hospital is about."



COMMITMENT TO EXCELLENCE:
From left, Peter L. Slavin, MD, MGH president;
Ives Erickson; Burke; and Ditomassi

Magnet designation is considered the gold standard of nursing excellence. In 2003, the MGH became the first hospital in the state to receive the recognition from the ANCC and has since successfully been redesignated every four years.

"The extensive evidence we submit as part of the Magnet application really represents the nurses' story, it's about the important contributions to care they make every single day," said Marianne Ditomassi, RN, DNP, MBA, NEA-BC, FAAN, director of the MGH Magnet Program and executive director of Nursing and Patient Care Operations. "It's a privilege to be able to formally capture and report that evidence and have the appraisers validate it through an on-site survey."

Hospitals are required to reapply for Magnet recognition
(Continued on page 4)



Blizzard of '78

THIS WEEK MARKS the 40th anniversary of the blizzard of 1978. From Feb. 5-7, 1978, the storm pummeled New England, bringing with it 27 inches of snow, 70 mph winds and power outages throughout Boston and the surrounding region. MGH employees walked, snowshoed and skied through miles of waist-deep snow to ensure the highest quality of patient care, many staying at the hospital to work through multiple shifts. *MGH Hotline* produced a "Blizzard Special" edition highlighting the efforts of many of these employees – including Robert Piankian, chief computer hardware engineer, who walked to work from Allston to repair the computer systems. "I was used to those kinds of conditions on Mount Washington," he said, describing how he fought his way through the blizzard equipped with his mountaineering gear, including crampons and an ice axe. Visit apollo.massgeneral.org to read the Feb. 16, 1978 *Hotline*. ■



The MGH Hot Line

BOSTON, MASSACHUSETTS

NEWS OFFICE, 81 GELLOW 12 (2206)

February 16, 1978

Blizzard Special

MGH WEATHERS WORST STORM OF CENTURY



SCENES FROM THE STORM: MGHers weather the storm 40 years ago.

Change begins with self

ON JAN. 26 MGH staff gathered to reflect upon the words and ideas of Rev. Dr. Martin Luther King Jr. The East Garden Room was filled with life as Elder Hu White and the Gospel Unlimited Ensemble raised their voices proclaiming, "Let there be peace on earth and let it begin with me!"

The annual MLK Gospel Celebration Breakfast was hosted by the Association of Multicultural Members of Partners (AMMP), an organization committed to the advancement and development of a diverse MGH workforce. The 2018 MGH YMCA Achievers also were recognized as part of the celebration. This year's honorees were Joelle Leacock, CNM, of Vincent Obstetrics and Gynecology Department/Service, and Waveney Cole, of the MGH Institute for Patient Care.

"When evil men plot, good men must plan. When evil men burn and bomb, good men must build and bind," said Jonathan Gonzalez, MHA, finance manager in Dermatology and AMMP chair, quoting King. "His words were progressive then, and they are progressive now. Sometimes it is hard to put on your superhero costume, but we have to try to fight injustice."

Keynote speaker Fatima Cody Stanford, MD, adult and pediatric obesity medicine physician-scientist in the MGH Weight Center, focused on the theme "change begins with self." She urged those in attendance to examine themselves and the way they interact with the world and work toward the advancement of equality.

"We must strive toward this goal with such fervor that no person living, no person dead and no person yet to be born could do it any better," said Stanford, borrowing the words of Dr. Benjamin Elijah Mays, the namesake of the high school she attended in Atlanta and teacher to King. "It is only with this level of dedication that we will improve ourselves and we will improve our results in this hospital, in this city, in this state, in this country and in this world, such that we are proud to call it our home."



INSPIRED INDIVIDUALS: The AMMP MLK event planners with featured speakers and organizers.

The power of patient and family voices

MGH PATIENT AND FAMILY ADVISORY COUNCILS (PFACs) recently hosted an event celebrating the voices of patients and families through storytelling – showcasing powerful care journeys, strength found in a patient/provider relationship and the roles of trust and partnership. The Nov. 14, 2017 event highlighted the PFACs' contributions to the hospital's continuous efforts to improve the care experience.

"Each and every day we are guided by the needs of our patients and families," said Inga Lennes, MD, senior vice president of Service Excellence and Performance Improvement. "Our PFAC members have amazing stories which inform us on every level about how best to achieve our mission."

The event featured two panels – facilitated by Annie Brewster, MD, Health Story Collaborative founder and executive director. During the first panel, Tarrah Zedower, a member of the Pediatric Oncology FAC, and Howard Weinstein, MD, chief of Pediatric Oncology, shared the special elements of a strong relationship between provider, parent and patient. The second panel was made up of members from the MGH's six additional PFACs – General PFAC, Ambulatory Practice of the Future Care Alliance, MGHfC FAC, Heart and Vascular Center PFAC,

Cancer Center PFAC and Cystic Fibrosis PFAC.

"We're going to need your voices in the years ahead," said Debbie Burke, RN, DNP, MBA, now senior vice president for Patient Care and chief nurse, who has been a member of the Cancer Center PFAC and MGHfC FAC for several years. "You're going to remind us of what is most important, which is you and your families."

Jeanette Ives Erickson, RN, DNP, FAAN, now chief nurse emerita, thanked PFAC members for their ongoing commitment to helping advise and improve the care the hospital delivers and highlighted examples of how PFACs have helped to foster

change in key strategic initiatives – design of new buildings and services, educational programs and guides and participation in MGH and Partners committees.

Matt Reid, a member of the General PFAC, shared his experience collaborating with hospital representatives. "When I was in a room with people who are running that department, they took me seriously. They listened to what I had to say in terms of representing myself as a person, as a patient and in representing other patients. It felt amazing to be able to have that voice, and I think that speaks volumes to the culture that has been created." ■



STRONG BOND: Zedower and Weinstein

#GetWaivered

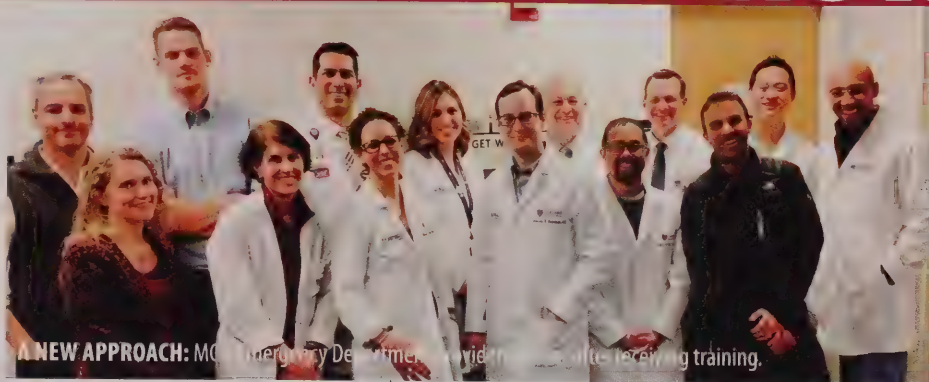
WITH LIMITED RESOURCES and access to treatments for addiction, emergency rooms across the country have become the first point of contact for many people with substance use disorders, but the lack of opportunity for follow-up leaves many emergency providers powerless when a patient is ready to begin their path to recovery. To

better equip providers in the MGH Emergency Department (ED) with more substantial and evidence-based options for treating these patients, many at the MGH are changing where and when recovery begins.

The #GetWaivered program – introduced by Alister Martin, MD, a resident in Emergency Medicine, and Ali Raja, MD, executive vice chair of Emergency Medicine – encourages providers to participate in the training necessary to prescribe buprenorphine – a medication that curbs opioid cravings and reduces the effects of opioid withdrawal in the hopes of helping patients stay in treatment longer – usually only prescribed by addiction medicine specialists.

“We are under no illusions about what we are asking our folks to do – we are absolutely changing the way our specialty has approached this disease,” says Raja. “We have created a new protocol around initiating treatment for opioid addiction. It is important that we continue to support clinicians as they begin to screen for opioid use disorders and start patients on medication-assisted treatment.”

When Martin and Raja started the program in December, they hoped 5-10 providers would volunteer to take part in the program. But since its launch, 35-40 providers have received their waivers or are signed up for the training program.



“By the very nature of our work in the ED, we see a very selected population of opioid addicted patients – those in crisis, who have relapsed, some of whom have hit rock bottom and even those who have overdosed,”

says Martin. “Based on what we see in the ED, we might wonder if our interventions will mean anything in the face of such an overwhelmingly destructive disease. We don’t see that, in fact, many people do recover.”

To prescribe buprenorphine, a “DEA X” waiver must be received from the U.S. Drug Enforcement Agency (DEA), the governing body that regulates and enforces controlled substance laws. Only once a letter of intent has been submitted and accepted, the training finished and the certification received, can someone prescribe buprenorphine.

Raja and Martin say they continue to work closely with staff at the MGH Substance Use Disorder Initiative Bridge Clinic, an outpatient clinic that works to treat and connect patients with substance use disorders to long-term, community-based treatment. Martin credits Sarah Wakeman, MD, medical director of the Substance Use Disorder Initiative, and Laura Kehoe, MD, MPH, medical director of the Bridge Clinic, as “incredible partners from the beginning, personally teaching our providers at every one of the waiver trainings.”

“The treatment of addiction in the ED is no longer a spectator sport,” says Martin. “If we are going to make a dent in this issue we have to each learn new ways of caring for patients and adapt our practice to meet the demands of this crisis.” ■

Music with a purpose

MORE THAN 100 PEOPLE enjoyed beautiful operatic melodies, sounds of cellos, pianos and the Chinese lute, and Vietnamese delicacies at the eighth annual Vietnam Vascular Anomalies Center (VAC) Classical Benefit Concert. The Nov. 19, 2017 concert – hosted by members of the Department of Dermatology and the Wellman Center for Photomedicine – raised funds for the VAC’s humanitarian effort to treat children with disfiguring birthmarks and other severe skin conditions on a free, safe and effective basis in Vietnam.

“Many of the treatments we take for granted in the United States are beyond the reach of families in Vietnam,” said Rox Anderson, MD, director of the Wellman Center for Photomedicine and a founding member of the VAC. “The children we treat face social stigma and lives of limited potential simply because of their skin disorders. With resources and training, we hope to change that.”

Money raised during this year’s silent auction – totaling more than \$50,000 – will help support the treatment of children, supplies and continued maintenance of a new vascular anomalies center in Da Nang, which serves the indigent people in central and northern Vietnam. David Fisher, MD, PhD, chief of the Dermatology Department, also shared his virtuoso cello talents at the benefit concert, as he has each year.

Throughout the past eight years, the Vietnam VAC – a medical collaboration between physicians from the MGH; Brigham and Women’s Hospital; Beckman Laser Institute, Irvine, California; Texas Children’s Hospital, Houston; and the University of Medicine and Pharmacy of Ho Chi Minh City, Vietnam – has transformed the lives of more than 10,000 patients and expanded clinical operations to include modernizing dermatopathology, providing training in pediatric dermatology and building a state-of-the-art wound care center.

“What I have learned through the years of working with the VAC is the incredible value of taking what you can do and helping somebody on the other side of the world,” says Anderson.

For more information about the VAC, visit www.vietnamVAC.org.



Safety culture at the core of the MGH



SOME 6,000 dedicated direct MGH caregivers took the time to make their voices heard by participating in the 2017 Hospital Survey on Patient Safety, reflecting the strong commitment to patient safety at the MGH.

"Patient Safety is at the core of everything we do," says Jana Deen, senior director for Quality and Safety. "Our credo calls us to share our successes and errors with colleagues so that we may all learn from one another, and our boundaries statement provides that we will never criticize or take action against any member for raising or reporting a safety concern. For the past several years we have seen more individuals speaking up on behalf of patient safety and that is a trend that we celebrate and encourage."

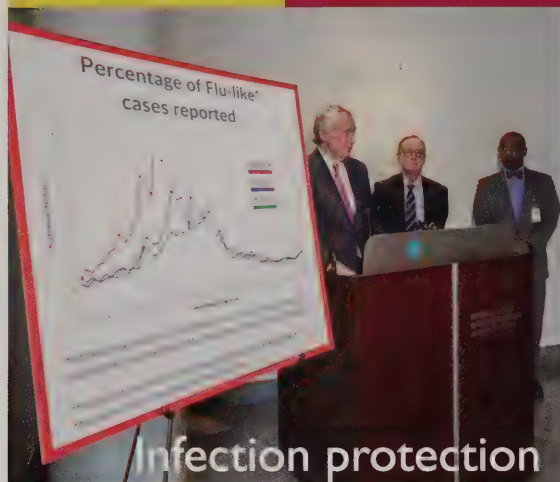
All employees who responded to the survey were entered for the chance to win autographed gear from New England Patriots wide receiver Julian Edelman. Christina Vellucci, RN, Bigelow 14, received a football, and Jana Goich, CRNA, Anesthesia, Critical

Care and Pain Medicine, received a jersey.

The Lawrence Center for Quality and Safety is analyzing the results of the survey and plans to share and use those results in the coming weeks to make improvements strengthening the MGH's already strong safety culture. ■



SPEAKING UP FOR SAFETY: Vellucci, left, and Goich with their signed gear.



Infection protection

FIGHT THE FLU: U.S. Sen. Ed Markey convened a press conference Feb. 2 at the Paul S. Russell, MD Museum of Medical History and Innovation to discuss the influenza virus that is filling emergency rooms across the country, and to introduce a bill to fund research for a universal flu vaccine. Markey's Flu Vaccine Bill seeks \$1 billion in federal funds throughout five years to the National Institutes for Health in hopes of developing a vaccine that is more effective in fighting the yearly threat. David Hooper, MD, chief of MGH Infection Control Unit, and O'Neil Britton, MD, MGH chief medical officer, joined Markey to discuss the effects the flu has had on hospital operations and resources for the media.



DREAM TEAM: For New England Patriots fans, Sunday's Super Bowl LVII loss was not the outcome hoped for following the team's great season. Throughout the year, a group of dedicated MGH clinicians were an important presence on the field, providing excellent medical care to the team.

Members of the medical staff included, from left, Jennifer Smith, MD, Sports Medicine fellow; Vishal Saxena, MD, Orthopaedics fellow; Kyle Borque, MD, Orthopaedics fellow; Peter Asnis, MD, Orthopaedic Surgery and chief of Sports Medicine; Paul Cusick, MD, Internal Medicine and head team internist; Mark Price, MD, PhD, Orthopaedic Surgery, Patriots medical director and head team physician; David Brown, MD, chief of Emergency Medicine; and Eric Driscoll, RN, Emergency Department. Not pictured, Scott Martin, MD, Orthopaedic Surgery.

— Magnet

(Continued from page 1)

every four years based on adherence to Magnet standards and demonstrated improvements in patient care and quality – and this year's application culminated in a four-day site visit, Nov. 6-9, 2017. The MGH is now one of nine Magnet organizations in Massachusetts – and one of fewer than 9 percent of all hospitals in the United States – that have received this recognition.

"I want to extend our heartfelt gratitude to Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN, our chief nurse emerita," said Burke. "Our designation as a Magnet organization is a true testament to Jeanette's far-reaching and visionary leadership for which we are all grateful." Burke also offered her thanks to Ditomassi, who leads the application process on behalf of the MGH. "Without her dedication to this comprehensive examination of our practice, we wouldn't be in the position we are today. Marianne, along with the Magnet Steering Committee and Writers Group, have done an amazing job."



MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



PROFESSIONAL PRESENTATIONS: At left, Timilty student Djenie-Kha Edouard with Schrenker; top-right, Timilty student Marta Martinez with mentor Katie Hardin; and bottom-right, science fair judges Karen Valdes and Kayla Robinson

Science fair inspires

WHEN JOVANNY JOSEPH, an eighth-grader at Timilty Middle School, told his mentor Jamie Heather, PhD, a researcher in the Cobbold Lab in the MGH Cancer Center, that he planned to create his own Tesla coil for the school's annual science fair Feb. 6, Heather was impressed.

"I'm from the U.K. where we don't really have science fairs," says Heather. "All of the American movies I've seen led me to believe that the room would be filled with erupting volcano models, so I was shocked when my mentee told me his plan to test the electric field of a Tesla coil. When I volunteered to judge, I hadn't seen the finished product so I was excited to see if it worked – and it did!"

Heather became a mentor to Joseph through the MGH's long-standing

partnership with Timilty Middle School in Roxbury. Every other Friday, the students visited their MGH mentors to work on their science fair projects, develop their hypotheses, discuss research strategies and put their presentations together.

More than 60 MGHers volunteered to judge the science fair this year, and 13 of the Timilty students in the MGH mentoring program have been selected to present their projects at the Boston citywide fair.

"It's wonderful to see kids get excited about science, especially girls," says Katia Canenguez, PhD, clinical fellow in Psychiatry. After reviewing the work of three eighth-grade girls, she said, "Their project

(Continued on page 4)

From Harvard to Hollywood: Q&A with Roshan Sethi, MD

NOT ONLY IS Roshan Sethi, MD, a Harvard Radiation Oncology Program (HROP) resident, he also is a co-producer and writer for the new television show, "The Resident," which premiered Jan. 21. The show is described by reviewers as a powerful new medical drama focusing on the final years of a young doctor's training that rips back the curtain to reveal the truth of what really happens, both good and bad. Sethi offered an inside look at how he got started and how he balances it all.

HOW DID YOU GET INVOLVED IN TELEVISION?

As a medical student, I cold-called – and emailed and Facebook messaged – producers until I found someone willing to take me on as a medical consultant. Then I wrote a sample that got me an agent, and then I became a writer. I had no connections to Hollywood, but medicine was my foot in the door.

WHAT IS YOUR FAVORITE PART ABOUT WRITING/CONSULTING FOR A SHOW?

I like screenwriting in general because you have to work with so many other artists to realize your vision – everyone from the prop master to the actors. It's less solitary than, say, novel writing.

I don't consult at all anymore. There was a team of doctors working on "The Resident," and I did none of the medicine. I mostly do the soap and comedy scenes. In the case of "The Resident," I wrote the pilot with two other

(Continued on page 2)



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ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

NEW RESEARCH UNCOVERS GENDER DIFFERENCES FOR RISK OF DEVELOPING HEART DISEASE

New research presented at the Radiological Society of North America 2017 Annual Meeting by Miriam Bredella, MD, MGH radiologist, found that the location and type of body fat can make a big difference when it comes to heart health – especially for women.

Bredella and her research team examined 200 overweight or obese but otherwise healthy adults, 91 of whom were male. All participants were of similar ages and body mass index (BMI).

The researchers found that female participants had more total body fat and more superficial “pinchable” fat in their thighs and had a lower lean body mass – the amount of weight carried on the body that isn’t fat. Male participants had more ectopic fat – a dangerous type of fat that accumulates around vital organs such as the liver and abdomen.

What’s more, the study found that the risks associated with ectopic fat differed for men and women. While ectopic fat did not increase men’s risk of developing conditions such as diabetes, heart disease or stroke, it significantly increased cardiometabolic risk in women with the same BMI.

“The detrimental fat depots deep in the belly, muscles and liver are more damaging for cardiometabolic health in women compared to men,” said Bredella in an interview with *Medical News Today*. This discrepancy could be because men typically have higher muscle and lean mass, which are protective for cardiometabolic health, she explained.

More research is needed to better understand this discrepancy between men

and women. More insights into the connections between body shape, gender and risk of coronary artery disease or other cardiometabolic disorders could also help to guide new treatment strategies for overweight patients.

COULD STRENUOUS EXERCISE BE BAD FOR YOUR HEART?

A recent review of published studies conducted by Aaron Baggish, MD, director of the MGH Corrigan Minehan Heart Center’s Cardiovascular Performance Program, found that the heart health benefits associated with moderate-intensity exercise – like brisk walking, water aerobics or tennis – may not apply to high-intensity, strenuous exercise. His results were published in *Current Atherosclerosis Reports*.

Baggish found that, among endurance athletes, long-term training was associated with early-onset atrial fibrillation – an irregular heartbeat – changes in the size, shape, structure and function of the heart, and increased coronary artery calcifications, which increase risk for heart attacks and heart failure.

The data also suggest that long-term participation in strenuous levels of physical activity may reduce the life-saving benefits associated with moderate-intensity exercise.

The studies reviewed in his report have produced data that is worth a closer look, but Baggish says that it is too early to draw any definitive solutions. Many of the studies were too small to provide any generalizable findings.

He notes that clinicians who care for highly active patients should monitor them for signs of heart conditions, establish an open dialogue with patients and collaborate on decision making regarding exercise plans. ■

The Flags of Snow

By: Vicky E. Hurst, Jan. 11, 2018

The flags of snow waving across
The river Charles in Boston,
Coupled with snakelike trains
Slithering past the castled bridge posts,
Create an almost animated picture
Of this Great city in winter.
This is how it appears from the top floor
Windows in another great place in Boston,
Where fears can be dissuaded and pain
Can slowly melt away as does the snow
Over the river Charles in Boston.

VICKY HURST, 68, has been writing poetry as a means of expression since she was very young. She recently came to the MGH due to a severe cough, and remained in inpatient care for a few days. When her physicians determined it was nothing more serious, Hurst was discharged. As she awaited her ride home, inspiration struck.

“While I was waiting for transportation home, I was sitting by the window and was struck by the spectacular view of the Charles River,” says Hurst. “I jotted this down and showed it to the discharge nurse. If nothing else, I hope you enjoy ‘The Flags of Snow.’”

Now feeling much better, Hurst will continue to share her love of poetry by teaching a beginner’s poetry class in her own building.

— Hollywood

(Continued from page 1)

writers, which made me a “creator.” Then I was nominally involved with the remaining episodes because I had to return to residency. I’ve only seen the pilot. I stopped doing any writing after the seventh episode.

HOW DO YOU BALANCE BEING A RESIDENT AND CO-WRITING/PRODUCING?

It’s very difficult. I get up early every morning and write for two hours before heading to the hospital. I’m lucky HROP allowed me to take a year off. I produced the pilot, and though I’m credited as a producer for the entire first season, I really didn’t produce anything else, because I couldn’t. As the creator, I’ll have “created by” and producing credit for the remainder of the show. I could have remained involved with the show for longer, but my first priority is my residency.

DID YOU PULL ANY INSPIRATION FOR THE SHOW FROM YOUR EXPERIENCE AT THE MGH OR BRIGHAM AND WOMEN’S HOSPITAL?

Not at all. Most of the stories came from books.

WHO IS YOUR FAVORITE CHARACTER ON “THE RESIDENT” AND WHY?

Mina, because she’s blunt and direct and gets things done.

ANY FUTURE PROJECTS YOU CAN TELL US ABOUT?

I have two other TV shows in development – a miniseries with Ellen Page about Sally Ride, the first female U.S. astronaut, and a Bollywood-themed musical show. I’ve written eight movies, but only three are in active development. They’re all supposed to shoot this year.

Spreading the love

VETERANS THROUGHOUT THE GREATER BOSTON AREA – and active duty service members abroad – received a little extra love this Valentine's Day, thanks to the kindness and craftiness of the MGH Military Veteran Partners (MVP). Nearly 100 MGHers – some veterans themselves, some with veteran family members and friends, and others who just wanted to give back – attended the third annual Valentines for Veterans event Jan. 22, hosted by the MVP, to create handmade valentines to send to veterans.

"My brother is deployed in the Middle East right now, so it means a lot to me to be able to come to an event like this and give back," says Jenn Ryan, associate director of Development. "I know a veteran's sacrifice and how meaningful it can be to receive a homemade card. It's so much more than just a simple valentine."

As another way to get more MGHers, patients and visitors involved this year, the MVP also set up tables by Eat Street Café and Coffee Central to allow passersby to share their love. The roughly 500 handmade valentines were distributed to local area VA hospitals, the New England Center for Homeless Veterans, Spaulding Rehabilitation Hospital and Home Base. Some also were sent overseas to troops currently serving in Afghanistan including Andy Gottlieb, FNP-BC, director of Occupational Health and a lieutenant colonel in the Army Reserves.

"This outpouring of giving is really amazing to me as a veteran myself, and I am so honored to be here and working with such amazing people," says Christine Cugini, Development coordinator and MVP co-president. "To see the interest for this last and continue to grow after three years is awesome. Without the staff here, this wouldn't be possible."

Each year, the MGH joins national efforts during the week of Feb. 14 to recognize and thank the men and women of the armed services through activities such as the distribution of valentines. The MVP welcomes any MGH employee, both veterans and non-veterans, to their ranks. To learn more email MGHVETpartners@partners.org.



SENDING SMILES: Kevin Dillon, veterans outreach coordinator at Home Base

Food allergy care transforms a family's life

AS AN INFANT, Grace Beecher suffered from acid reflux, bouts of eczema and strep throat, leaving her parents struggling to comfort her and desperate to find the cause of their daughter's ailments. After multiple visits to their physician, Grace was diagnosed with numerous food allergies at 5 months old.

"Understanding Grace's allergies and being prescribed preventative medication was life-changing," says Karin Beecher, Grace's mom. "Suddenly, we uncovered this little person as her chronic discomfort disappeared. That was a transformative moment for our family." However, their journey to tackle those food allergies and keep Grace healthy was just beginning.

Grace was allergic to wheat, dairy, eggs, tree nuts, peanuts and sesame, making food choices difficult. After Grace's diagnosis, Beecher began researching cookbooks, safe brands, specialty websites and educational opportunities – which is how she reconnected with Lisa Stieb, RN, BSN, AE-C, of the MassGeneral Hospital for Children (MGHfC) Food Allergy Center.

"Lisa was the nurse on staff at our very first allergist, the one who called to tell me that Grace was allergic to half a dozen common foods" says Beecher. "She was remarkable, spending over an hour on the phone with me, teaching me how to navigate my new reality. Years later when we switched Grace's care to MassGeneral Hospital for Children and found Lisa, it felt like a happy coincidence."

In March 2014, Wayne Shreffler, MD, PhD, chief of Pediatric Allergy and Immunology and director of the MGHfC Food Allergy Center

recommended Grace participate in a cutting-edge approach to food allergy management: food challenges.

A food challenge is the most definitive procedure for testing whether someone can tolerate a specific food. The four-hour-long challenge involves giving the child increasing amounts of a food every 10-20 minutes followed by an observation period. Physicians can control the environment and treat a reaction should it occur. So far Grace has successfully passed three food challenges; a baked egg challenge in 2013, a peanut challenge in 2014 and an almond challenge in 2016.

"Having such significant allergies can sometimes be difficult. But, I'm lucky in the sense that I grew up like this. It's just part of my life," says Grace, now 13. "My mom has done an amazing job. She always finds another, safe food option for me. Whether it's a birthday where I get red velvet cupcakes or special

pancakes, I'm not left out."

Beecher developed a straightforward, color-coded system to make sure Grace could independently make safe food choices, and to make friends and loved ones aware of her options. "Green is good, green is go, green is for Grace" has become the family motto.

Grace continues to learn about her allergens and to grow as a self-advocate. With her family's help and Shreffler's guidance, she'll work toward further easing food restrictions and the anxiety those allergens can cause. "Dr. Shreffler made me feel as though I have a say and some control in my care," Grace says. "My opinion has value to him, and he takes the time to make sure I understand everything." ■



MEET THE BEECHERS: From left, Karin, Grace, dad Tim

CARE for caregivers: It's the law

IN DECEMBER 2016, Gov. Charlie Baker signed the CARE Act into Massachusetts State Law in hopes of easing the transition for patients who are leaving the hospital and being discharged into the care of a designated caregiver. Taking effect in November 2017, this law means changes for the MGH. Martin Lantieri, RN, of MGH Clinical Compliance, answered five questions to help staff better understand exactly what this law means for MGH employees, patients and caregivers.

WHAT IS THE MASSACHUSETTS CARE ACT?

CARE stands for: Caregiver Advise, Record, Enable. This new Massachusetts law requires inpatient facilities to provide patients with an opportunity to designate a caregiver – any individual 18 years of age or older whom a patient designates to receive access to his or her health information and to assist the patient after discharge at home. However, patients are not required to pick a caregiver.

WHY IS IT NEEDED?

Many older Americans prefer to live independently, with many seniors relying solely on their loved ones and family members to provide a variety of caregiving duties at home. The CARE Act recognizes the critical role these family caregivers play in keeping their loved ones safe after discharge and out of costly institutions.

WHAT INFORMATION CAN BE SHARED WITH A CAREGIVER?

The type of information shared is based on what the patient has authorized the hospital to release to their caregiver. For example, if the patient chooses to share aftercare information, the caregiver is notified when the patient is going to be discharged to another facility or back home. The hospital must also provide an explanation and, if needed, a demonstration of the medical tasks the patient should follow at home. If authorized, the caregiver may also receive a copy of the patient's discharge instructions.

ARE THERE ANY DOCUMENTATION REQUIREMENTS?

Yes. The hospital must document that the patient has been notified of their ability to designate a caregiver. Once designated, the caregiver needs to be identified in the patient's medical record. The patient's consent to share personal health information and the authorization to notify the caregiver at the time of discharge must also be documented. One important thing to note is that the patient's discharge should not be delayed if the hospital is not reasonably able to contact the caregiver.

HOW IS IT DOCUMENTED?

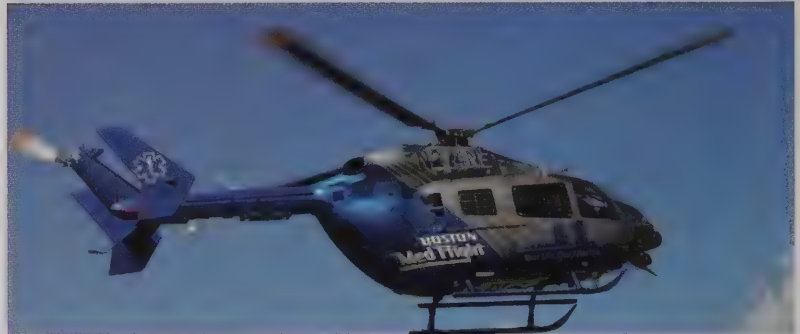
Caregiver identification and notification are shared responsibilities. In Epic, Caregiver Navigator sections have been added to the Nursing Admission & Discharge Navigators, Case Manager Navigator, Social Work Navigator and Provider Discharge Navigator. The admitting office also may document the name of the identified caregiver.

For more information including Epic tip sheets contact your local unit or departmental leadership, or Lantieri at mlantieri@partners.org.

Boston MedFlight to expand services with new base

BOSTON MEDFLIGHT, a nonprofit critical care transport service, has announced plans to expand its medical helicopter service to a new base in Mansfield to better serve patients in the region, particularly on the South Coast, Cape Cod and Islands.

Boston MedFlight, with bases currently located at airports in Bedford, Lawrence and Plymouth, is scheduled to begin operations from Mansfield Municipal Airport in March 2018. The new base of operations will address the critical care transport needs of patients across southeastern Massachusetts and further improve emergency response times.



"We have seen increased demand for our services, and by opening this base we are continuing to strive to better serve the most critically ill and injured patients in the region," said Maura Hughes, CEO of Boston MedFlight. "The Mansfield base will facilitate faster response times, particularly in more diffuse areas such as the Cape, Islands and South Coast, which will further improve patient care."

Boston MedFlight's new base has received approval from the Town of Mansfield's Airport Commission. "We are proud to announce the arrival of Boston MedFlight to Mansfield Municipal Airport in March 2018," said Bob Welch, Mansfield Municipal Airport manager. "This arrival will provide a resource for emergency medical transportation to Mansfield as well as surrounding towns and communities. This new venture by Boston MedFlight is a positive for the community."

Founded in 1985 by the MGH and a consortium of other leading Boston area medical centers, Boston MedFlight has become an integral part of the region's health care delivery system, providing critical care transport with its fleet of helicopters, airplane and ground vehicles.

— Science fair

(Continued from page 1)

documentation was beautiful and they were so proud of their work. I hope they are inspired to fall in love with science just like I did at a young age."

Rick Schrenker, systems engineering manager in Biomedical Engineering, is a veteran science fair judge. He began volunteering as a judge more than 20 years ago, then took a break and returned to the science fair last year re-inspired. "Each year the kids are bright-eyed and care a lot about the work they have done," he says. "Every once in a while a student says, 'I didn't get what I expected,' and that takes a lot of courage. That's what science is. They didn't go back and change their hypotheses just to be proven right and that's brave to admit." ■

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



REVOLUTIONIZING HEALTH: From left, Slavin and *All of Us* staff, Lindsay Ophel, Fatoumata Bah, Nora Emmott, Chirlen Pang and Nicole Allen

The future of health is *All of Us*

PRECISION MEDICINE has been a buzzword in health care circles for years – but now the National Institutes of Health (NIH) is poised to launch a major new research effort that will help make this vision a reality. The *All of Us* Research Program seeks to enroll 1 million or more participants who will share their health information – linked with samples – marking what could be a new era in medical research and treatment.

The MGH will be a part of this effort as a member of the *All of Us* Research Program's New England site, led by Partners HealthCare and its founding hospitals, the MGH and Brigham and Women's Hospital. Boston Medical Center also is a participant in *All of Us* in New England.

"Together we can help usher in new and better understandings of ways to prevent and treat disease," says Peter L. Slavin, MD, MGH president, who is a participant in the program. "This is another great clinical opportunity to help build a research database that may help discover new cures."

A core value of the *All of Us* Research Program's effort is to enroll and engage participants from diverse communities and groups that have been historically underrepresented in research. Achieving these goals will require significant effort to build trust, overcome barriers and work with participants as true partners in research.

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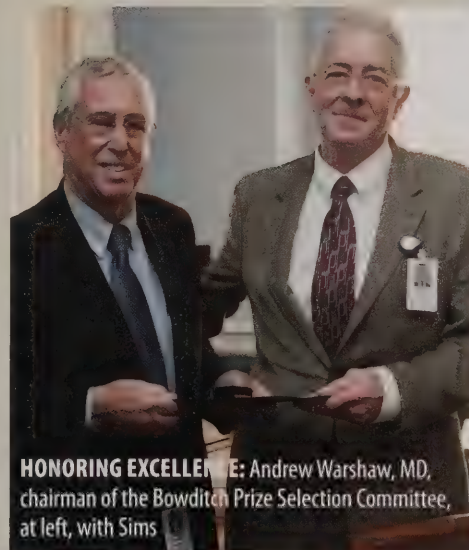
Bowditch Prize winners chart new courses at the MGH

"**IT'S VERY FITTING** that this prize is associated with a celestial navigator because these teams are working to chart the future of this hospital," said Peter L. Slavin, MD, MGH president, of the annual Nathaniel Bowditch Prize nominees and winners. Awarded by the MGH Board of Trustees, the prize recognizes individuals or teams that have made significant contributions in improving patient care while reducing cost.

Nominations included projects ranging from improving handoff efficiency in the Emergency Department to standardizing inpatient documentation of penicillin allergies, from the work of Medical Interpreter Services to combatting the opioid crisis. Out of all the nominees this year, the prize was given to two recipients at a ceremony Feb. 27.

An individual award went to Nathaniel Sims, MD, of the Department of Anesthesia, Critical Care and Pain Medicine, for innovative work throughout his career in engineering medical devices that have improved patient care not only at the MGH, but at institutions throughout the world. One of his most notable projects is the "smart" infusion pump, which has sharply reduced medication errors and their associated costs, and has been licensed, produced and distributed by major manufacturers throughout the world. Most recently, use of smart infusion pump technology has been extended to pediatric patients.

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HONORING EXCELLENCE: Andrew Warshaw, MD, chairman of the Bowditch Prize Selection Committee, at left, with Sims

When safety reporting leads to change

AT THE MGH, staff put patient safety first. So when a patient in the 3-T MRI scanner reported he was feeling a heating sensation on his neck, the procedure was stopped and staff immediately began to investigate the cause.

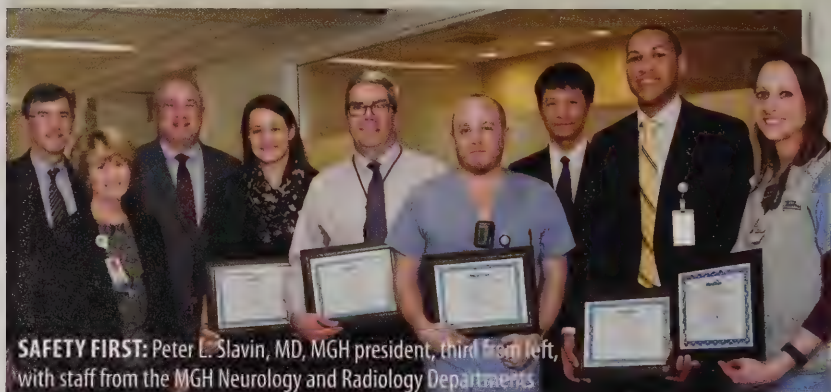
They identified a specific continuous electroencephalogram (cEEG) lead – that was manufactured to be longer than the other leads attached to the patient's scalp – to be the cause of the heating. MRI leadership – working with Neurology Quality Assurance and Clinical Neurophysiology/EEG Lab leadership – filed a safety report, while Imaging staff and the Center for Quality & Safety staff specialists also reported the issue to the U.S. Food & Drug Administration's (FDA) Medical Product Safety Network (MedSun).

"MGH has reported many products to the FDA MedSun website since 2009, including 64 reports in 2017," said John Murphy, RN, staff specialist in the MGH Center for Quality & Safety. "The feedback from front-line staff, who use these products daily, is invaluable to manufacturers." Through working with the manufacturer, it was discovered the MGH was the only site using the MRI-compatible long leads that were causing issue.

"Staff are encouraged to enter a safety report and to alert their manager when a product is or could present a risk for harm to a patient or staff member," Murphy said.

The FDA Center for Devices and Radiological Health recognized the MGH – specifically members of the MGH Radiology and Neurology Departments – for contributing to this significant safety action. Staff gathered March 5 outside the MRI Unit to receive their FDA Certificates for Outstanding Contribution in Promoting Patient Safety With Medical Devices.

"Congratulations to the entire team," said Aneesh Singhal, MD, vice chair of Neurology. "This is such great validation of our quality and safety improvement process."



SAFETY FIRST: Peter L. Slavin, MD, MGH president, third from left, with staff from the MGH Neurology and Radiology Departments

'Speak Up for Safety' week of events

NATIONAL PATIENT SAFETY AWARENESS WEEK is March 12-16, and a week-long program of events will highlight employees' role in keeping patients safe.

March 12, 8 - 10 am, East Garden Room: To kick it all off, a breakfast will be held to honor the 2018 Patient Safety Stars – those MGHers who have shown an extraordinary commitment to keeping patients safe.

1 - 2 pm: A webcast will be offered by the Institute for Healthcare Improvement and the National Patient Safety Foundation entitled, *Engaging Patients and Providers: Speaking Up for Patient Safety*.

March 13, 8 - 9 am, O'Keefe Auditorium: Pediatric Grand Rounds, *Overcoming Communication Barriers in Difficult Situations: A Patient Safety Imperative*, will be presented by Jo Shapiro, MD, director of the Center for Professionalism and Peer Support at Brigham and Women's Hospital and associate professor of Otolaryngology at Harvard Medical School.

March 14, 2 - 3 pm, O'Keefe Auditorium: Patient Care Services will host an Anatomy of Safety Event session, *Managing Disruptive Patients: Promoting Staff and Patient Safety*. Presenters will review clinical narratives and strategies to promote safe and effective care.

March 15, noon - 1 pm, O'Keefe Auditorium: Carol Haraden, PhD, an internationally recognized patient safety expert and senior faculty member for the Institute for Healthcare Improvement, will present the keynote speech, *Safety as a System Property*.

March 16, noon - 1 pm, Bigelow 4 Amphitheatre: To wrap up the week, Lakshman Swamy, MD, MBA, a Pulmonary and Critical Care Medicine fellow at Boston Medical Center, will present a keynote speech, *The Promise and Perils of Patient Safety*.

March 12 and 16, White Lobby: The Center for Quality and Safety team will host information tables to provide information for patients, visitors and employees about what the MGH does to keep patients safe.

— All of Us

(Continued from page 1)

At the MGH, the *All of Us* Research Program is led by Jordan Smoller, MD, PI/project leader and director of the MGH Psychiatric and Neurodevelopmental Genetics Unit, and Shawn Murphy, MD, PhD, of the MGH Department of Neurology and Partners chief research information officer. *All of Us* engagement, communication and retention activities at the MGH are led by Susan Edgman-Levitan, PA, executive director of the John D. Stoeckle Center for Primary Care Innovation, and Dean Xerras, MD, medical director of the MGH Chelsea HealthCare Center.

Xerras is especially interested in getting the hospital's community health centers and patients involved in research. "Increasing access to participate in medical research is an important goal for MGH Chelsea," says Xerras. "By participating in the *All of Us* Research Program, we hope to further improve the health and well-being of our Chelsea community."

The *All of Us* Research Program is not one single study, it will be a database linked to samples that researchers can use to run thousands of health studies. The data collected can be used by any researcher in the United States and around the world, following strict privacy and security rules.

"*All of Us* is groundbreaking not only for the data that will be provided to researchers but also for including participants as partners in every step of the program," says Smoller. "It is our hope that research conducted on a scale this size could help revolutionize medicine, and an important piece of that is making sure the communities we're partnering with feel welcomed and heard from along the way."

To learn more about the *All of Us* Research Program – including what it means to be a participant – visit www.allofusNewEngland.org or visit an *All of Us* table by the Eat Street Café March 12 and March 16 or by Coffee Central March 13, 14 or 15 from 9 am - 4 pm. ■

New bill will increase access to care for stroke patients

HARD WORK PAYS OFF, and health institutions and stroke patients all over the country will soon find out how. The Furthering Access to Stroke Telemedicine (FAST) Act was recently signed into law.

The FAST Act encourages hospitals to use telemedicine in stroke care by allowing sites across the country to bill for telemedicine consultations. With a financial barrier broken down, the act will increase access to care for stroke patients, thereby diminishing long-term disability and ultimately saving more lives.

The bill takes effect in January 2019 and one key to its success was part of an advocacy campaign spearheaded by the American Heart Association (AHA), which was joined by the American Academy of Neurology (AAN).

"It's a remarkable accomplishment," says Lee Schwamm, MD, executive vice chair of Neurology and director of the MGH Comprehensive Stroke Center. "It's hard work and I'm thrilled to see that this bill passed with its core principles intact and without being altered by the legislative process. It was in the right place at the right time and in the right hands when Congress came together to pass the budget resolution."

Schwamm testified in front of the United States Senate Committee on Finance in support of the bill last year and has been consulting with the AHA and AAN for more than a decade to make telehealth in stroke care more accessible.

The concepts behind the FAST Act were first drafted in 2003 as part of the Stroke Treatment and Ongoing Prevention (STOP) Act, which ultimately failed to achieve passage because of its broad scope. This time around, the AHA and AAN sharpened the act's focus.



SCHWAMM

"We were really laser-beam-focused on one condition, on one specified disease, where we had strong data on efficacy and projected financial savings," Schwamm says. "This made the bill attractive to bipartisan sponsors and increased overall access to care."

Sue Nelson, vice president of Federal Advocacy for the AHA, says passing this bill was a logical, common sense thing to do.

"All we're doing is providing for appropriate medical care," Nelson says. "Most people, when it was explained to them on The Hill, said 'Why aren't we already doing that?' I'm happy we finally crossed the finish line." ■

TELESTROKE, EXPLAINED

What it is: Telestroke is a videoconferencing service that enables stroke specialists from miles away to rapidly diagnose and determine the most appropriate treatment for a stroke patient who lives in a rural or suburban area. Hospitals must subscribe to telestroke services.

How it works: When a patient who lives in a remote or rural area experiences a stroke, that patient is transported to the nearest hospital – there is no time to transfer that patient to a specialty center. Through the telemedicine network, a stroke expert is immediately contacted for a consultation using a videoconferencing service. Prior to the consultation, the specialist can download and review brain CT scan images. During the videoconference consultation, the specialist will determine the severity of the stroke and whether the patient would benefit from a clot-busting IV drug, tissue plasminogen activator or from direct clot extraction by a catheter.

Why it's important: When it comes to stroke, "time is brain." With telestroke services, hospitals that lack the resources to diagnose and treat stroke patients can access high-quality specialty care remotely.

Continuing a legacy: MGH responds to disasters

DOMINICA; TEXAS; THE FLORIDA KEYS; PUERTO RICO. These four regions were consecutively ravaged by Hurricanes Harvey, Irma and Maria in 2017. But each time, the MGH responded. On Feb. 15 in the O'Keeffe Auditorium, a panel of those dedicated responders – led by the Global Disaster Response (GDR) at the MGH Center for Global Health and the Center for Disaster Medicine – shared their deployment experiences.

Juan Pablo Domecq, MD, a clinical research fellow in the BWH Renal Division, recalled his deployment to the Princess Margaret Hospital in Dominica when he encountered a patient receiving dialysis lying on the ground. When the patient began bleeding, Domecq knelt and immediately started applying pressure to stop the blood loss. Despite the circumstances, the patient gathered enough strength to ask Domecq to take a chair and make himself comfortable. "It was very rewarding that the person I was supposed to help was thinking of me," said Domecq. "That patient – even in his situation – managed to have empathy."

In sharing their heartfelt stories and expressing thanks to the staff for their exemplary response to the devastating disasters, other speakers at the event emphasized the importance of collaboration, preparation and gratefulness. "I want to acknowledge the internal and external teams, the

senior leadership support at every level and the amazing collaboration with various departments," said Hilarie Cranmer, MD, MPH, director of GDR at the MGH Center for Global Health. "There are so many people to thank for their service."

Emphasizing the need for preparation, Paul Biddinger, MD, director of the Center for Disaster Medicine, said, "Just good clinical care or a good heart is not enough, preparation is important to deploy professionally and safely. You want to be sure that you can help and not become a victim yourself. We can train you."

Staff – both clinical and non-clinical – who are interested in getting involved in international and national disaster response can visit www.mghcgh.org.



RESPONSE REFLECTIONS: Ann M. B., senior vice president of Surgery, Anesthesia, Emergency Medicine and Clinical Business Development, at right, and panelists

Witnesses for the vulnerable

FOR REFUGEES who have fled violence and persecution in their home countries, attaining asylum status in the United States can be a beacon of hope at the end of a long, dark journey.

Asylum is a permanent residency status granted by the government to individuals who have experienced violence and persecution – such as torture or sexual assault – in their home countries, or who believe they will be subject to violence and persecution if they return. Attaining asylum is not an easy process, however.

The immigration system can be challenging to navigate, particularly for those who do not speak English as a first language or whose uncertain legal status creates a fear of government organizations. It also can be difficult to prove claims of past physical and mental abuse, particularly if the incidents occurred thousands of miles away.

A team of MGH clinicians is working to help this vulnerable population through the MGH Asylum Clinic. Clinic members volunteer their time to provide independent medical assessments of individuals seeking asylum based on a past history of physical or mental abuse.

The team meets twice a month to provide clinical assessments, which are typically arranged through connections with a network of immigration lawyers and community support groups. Patients are from across New England and most receive their primary medical care outside of the MGH.

“As physicians, we listen to their stories,

perform physical examinations to corroborate those stories, and submit an affidavit to the court with an objective assessment of whether our findings are consistent with the reported abuse,” says Matthew Gartland, MD, director of the Asylum Clinic.

FROM CONCEPT TO REALITY

The concept for the clinic originated with Eleanor Emery, MD, who recently completed her residency in Internal Medicine at the MGH. Emery helped to start a similar clinic while studying at Weill Cornell Medical School.

Team members received training from Physicians for Human Rights, which provides a legal background on the qualifications for asylum and a foundation in medical forensic examination that is specific to the types of trauma experienced by immigrants applying for asylum.

In addition to providing independent medical assessments, the team also makes connections with local immigration advocacy groups, which help connect MGH patients to legal services as the first step in the asylum process.

Volunteering at the clinic has been a natural fit for Jo Henderson-Frost, MD, Internal Medicine resident at MGH Chelsea, where more than half of patients are foreign-born, many from Central America. “In the primary care

clinic, we often hear stories of trauma and refer patients to mental health specialists,” she says, “but we also must consider the legal status of our patients as a social determinant of health and ensure they have access to legal representation.”

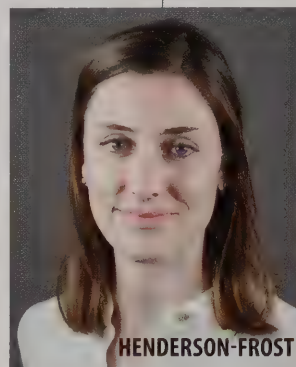
THE HIDDEN SIGNS OF TRAUMA

The stories that clinic members hear in their evaluations can be heartbreaking, though team members find some comfort in being able to bear witness to the stories and help refugees strengthen their case for asylum.

During a recent evaluation of a young mother seeking asylum, Gartland and Henderson-Frost learned about the political and gang violence she faced in her home country, as well as a sexual assault she suffered during her journey to the United States.

Following a period of detention at the border, the woman was released pending a hearing in immigration court. In Boston, she has found a new life – joining a church, finding a job and starting a family. However, her future in the United States remains in jeopardy. She lives in constant fear of deportation and the consequences of returning to the place she fled.

“These are the stories of our patients and our neighbors. They are difficult for patients to relive and often difficult to hear,” Gartland says. “If we educate ourselves, create an open environment and support patients to process life after trauma, we can have an incredible impact on people’s lives.” ■



HENDERSON-FROST



GARTLAND

— Bowditch

(Continued from page 1)

A team award went to the Home Hospital Program – led by Ryan Thompson, MD, director of Quality Improvement in the Department of Medicine – for the great level of collaboration in providing acute care at home to patients with conditions such as heart failure, COPD, pneumonia and cellulitis. The Home Hospital Program helps address capacity issues in the Emergency Department. In its first six months, the program has served 70 patients – saving nearly 350 bed days. Partners HealthCare at Home nurse practitioners and registered nurse teams visit patients at least twice daily. Additionally, an MGH Home Hospital physician sees each patient within 24 hours and tele-rounds with the home care team daily.

“Patients can face difficult circumstances in the home environment,” says Thompson. “Extending our reach into the home through programs such as Home Hospital is helping us as MGH providers to better understand how to support our patients at home while avoiding hospital admissions.”



A WINNING TEAM: The Home Hospital team with Warsaw





MGH stands against gun violence

AT NOON ON MARCH 14, the Bulfinch patio and steps were filled with hundreds of MGH staff who joined together calling attention to gun violence as a major public health crisis. Standing in stark contrast to the 18 inches of freshly fallen snow, the group posed for a photo clad in orange shirts, scarves, blazers and hats – the color adopted around the country to honor victims of gun violence – to bring awareness to gun violence prevention efforts.

“The turnout of hundreds of people from across the MGH community was so moving – a very powerful statement that we are engaged and invested,” says Chana Sacks, MD, Department of Medicine and co-founder of the MGH Gun Violence Prevention

Coalition (GVP). “We as a medical community are stating very loudly that we have a role to play in ending this public health crisis, and we are going to step up in support of students, our patients and communities across the country.”

Sacks – along with Paul Currier, MD, Pulmonary and Critical Care Unit; Peter Masiakos, MD, director of Pediatric Surgical Services; and Kim Sheppard Smith, RN, White 12 Translational and Clinical Research Center, – began informal discussions in 2014 about what could be done to make a difference and raise awareness about gun violence in and around the MGH community. Last year, they formed
(Continued on page 4)

Promoting wellness through beauty to women in shelters

J, A MIDDLE-AGED WOMAN staying at a shelter in Boston, did not begin wearing makeup until she became homeless. She says when she had housing, there were many things in her life that gave her value and a sense of worth. However, once she lost housing, she started to feel ashamed. MGH physicians say J’s situation is similar to many women living in shelters who experience a great amount of embarrassment and guilt about their housing situation.

In response, a team of dermatologists, residents and medical students – led by Jennifer Tan, MD, of the Department of Dermatology – has been conducting a Women’s Skin Wellness initiative at the Boston Health Care for the Homeless Program (BHCHP). The program includes skin cancer screenings for women and a shelter-based family clinic.

The group also provides support for the newly created Skin care and emPowerment for All (SPA) Days sessions, created by Diana Webster Bartenstein, MD, a Tufts medical student and future resident in the Harvard Combined Dermatology Residency Program. SPA Days were designed to
(Continued on page 2)



RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

RESEARCHERS IDENTIFY ROLE OF IMMUNE CELLS IN A LIFE-THREATENING HEART CONDITION

A study from the lab of Mathias Nahrendorf, MD, PhD, in the MGH Center for Systems Biology has found that immune cells called macrophages cause a series of responses in the heart that can eventually lead to the development of a heart condition called heart failure with preserved ejection fraction (HFpEF).

In patients with HFpEF, the heart contracts normally but is unable to relax and allow blood to flow into the left ventricle. Because the condition is difficult to treat and carries a poor prognosis once symptoms appear, prevention and limiting the progression of the disease are critical.

Macrophages are essential to normal cardiac function but can also have damaging effects. To investigate their role in the progression of HFpEF, researchers examined cardiac macrophages in two mouse models with impaired heart muscle relaxation similar to what is seen in human patients. They discovered an increased number of macrophages in the mice's left ventricles.

These macrophages had elevated levels of a factor called IL-10 that was activating a surplus of fibroblasts – cells that generate connective tissue

and collagen to help repair and remodel tissue – leading to increased stiffness and impaired relaxation of the heart muscle.

Tissue biopsies from human patients with HFpEF also had increased levels of cardiac macrophages, suggesting that the same effect is occurring in humans. The researchers discovered that removing IL-10 in macrophages in one mouse model reduced the numbers and activation of cardiac fibroblasts, improving the heart's ability to relax.

If researchers can develop a drug that can limit the production of IL-10 in macrophages, they may be able to subsequently reduce fibroblasts' activation and the risk of patients' developing HFpEF.

GENETIC CLUES REVEAL A KEY CONTRIBUTOR TO HEREDITARY AORTIC ANEURYSMS

A research team led by Mark Lindsay, MD, PhD, of the Cardiology Division, has identified a protein complex involved in hereditary aortic aneurysms that could lead to new treatments for patients.

An aortic aneurysm develops from a weakening of the wall of the aorta – the major artery leading out of the heart – which typically forms a telltale bulge due to the pressure within the vessel. While

not harmful in and of itself, the weakening of the vessel wall could lead to more dangerous conditions.

A small percentage of patients have a genetic predisposition to aortic aneurysm, a condition known as hereditary thoracic aortic aneurysm and dissection (HTAD). Two major families of gene mutations underpin HTAD. By comparing the effects of perturbing these two gene families, Lindsay's team identified a protein called HDAC9 that was overexpressed in tissue samples from HTAD patients.

Upon further investigation, the team learned that HDAC9 forms a complex with additional proteins and an RNA molecule that turns off the genes associated with the contraction of smooth muscle cells.

"The aorta is comprised almost exclusively of smooth muscle cells in the wall," Lindsay says. "This HDAC9 complex is part of the machinery that transforms these cells from their normal state into a more problematic state that breaks down the structural integrity of the aortic wall."

More research is now needed to confirm the role of HDAC9 in other cardiovascular disorders, including non-hereditary forms of aortic aneurysm as well as heart attacks and strokes. ■



SKY'S THE LIMIT: MassGeneral Hospital for Children Cancer Center patients – including William Terry, 10, – had a blast with NASA astronaut Cady Coleman when she visited Yawkey 8 on March 9. Coleman – a Massachusetts native who has been on two space shuttle missions to the International Space Station – spoke with the children and their siblings about space exploration and the importance of science, technology, engineering and math. She, along with volunteers from One Giant Leap, Inc., a group dedicated to inspiring the next generation of moonwalkers, created postcards that will be sent to astronaut Scott Tingle of Randolph, Massachusetts, who currently is onboard the International Space Station.

– Beauty

(Continued from page 1)

unite skin health with self-care. SPA Days currently run monthly in conjunction with the BHCHP Health, Empowerment, Resources Saturday program. The sessions have been so popular they will expand to several additional women's shelters during the upcoming year. At each SPA Day, women receive a face mask, hand massage, foot soak or other beauty treatments while students engage them in education about proper skin health.

"We found that women experiencing homelessness were sharing makeup leading to infections, and discovered that by taking the time to help women gain confidence, they were more likely to talk about other health issues, such as substance use disorders," says Tan. "Skin wellness and education seem to be effective ways to engage with this vulnerable population."

After hearing many of their stories, the Department of Dermatology launched a Share Your Beauty Drive, donating unused and unopened samples of eye makeup, lipsticks, moisturizers, skin cleansers, deodorants and laundry detergent. These are part of SOS beauty packets delivered to the women.

"Though makeup is a small gesture, it helps many women experiencing homelessness put their best face forward and assume enough confidence to get through their day," says Bartenstein. "I think when women experiencing homelessness acknowledge their own dignity and beauty, they are more likely to fight for their health, their rights and their future."

Stars among us

"I WAS SEEING A PATIENT who was very upset and anxious and beginning to show signs that she might transition to physical aggression. I told the patient that I needed to step out and would be right back," said Liz Mort, MD, senior vice president of Quality & Safety and chief Quality officer. "When I did step out, Georgina Thompson, a medical assistant in Women's Health Associates and one of the best medical assistants I have ever had the privilege of working with, was standing there about to knock to see if I was OK. She had called security and alerted the medical director of the practice. Georgina demonstrated best practice in thinking about staff and patient safety. Thank you, Georgina, for, literally, having my back."

This story was included in one of 49 nominations – demonstrating extraordinary dedication to safety – shared during the ninth annual Patient Safety Stars Appreciation Breakfast March 12. The celebratory event, hosted by the Lawrence Center for Quality & Safety, kicked off Patient Safety Awareness Week, during which the hospital celebrates its staff and hosts various educational programs, focusing on key safety themes.



HAVING HER BACK:
From left, Mort,
Thompson and Slavin

Nominated by their peers, Patient Safety Stars go above and beyond in their efforts to improve and enhance patient safety at the MGH. This year, 39 individuals and 10 teams – a new addition to the awards – were honored as Safety Stars.

"Four hundred individuals over the past eight years have been recognized," said Peter L. Slavin, MD, MGH president. "This year we hope to further strengthen our culture of safety by recognizing teams as well as individuals. These awardees are pursuing the most important actions that care providers possibly can – taking great care of our patients today, learning from that care, and providing better and safer care tomorrow."

As was demonstrated by Thompson and many other of the nominations read at the breakfast, staff safety is as important as patient safety. "Keeping ourselves safe is a critical part of providing safe care for our patients and families," said Mort. "Staff safety is one of our institutional Quality and Safety goals in this year's plan."

Visit apollo.massgeneral.org/safetystars to see all the awardees and their nominations, as well as a video from the breakfast. The Safety Stars will be highlighted throughout the year on the homepage.

Forum to focus on artificial intelligence

THE WORLD MEDICAL INNOVATION FORUM, hosted by Partners HealthCare, will run April 23-25 at the Westin Copley Plaza in Boston. The fourth annual event will focus on the advancements and opportunities of artificial intelligence, including the innovations driving future investment, research and patient care.

This year's event will bring together industry-leading CEOs, Partners' health information technology experts, investors and dealmakers as they share perspectives on how cognitive computation, machine learning and big data are having a transformative impact on patient care. International experts will be joined by attendees from the senior ranks of the information technology, life science, pharmaceutical, government and health care investment communities, as well as staff from the MGH, Partners, Brigham and Women's Hospital, Spaulding Hospital and McLean Hospital.

In addition to examining the cutting-edge issues in the field, the forum will feature presentations from emerging investigators called First Look, the Discovery Café and the "Disruptive Dozen" – 12 emerging technologies with the potential to revolutionize the selected field over the next decade.

To register, visit www.worldmedicalinnovation.org. ■



Celebrating the Year of the Dog

ON MARCH 3, the MGH Chinese Scientists and Staff Association hosted its annual Chinese New Year and Lantern Festival Celebration. Nearly 400 MGH staff and their guests gathered at the Partners HealthCare Assembly Row campus to celebrate the Year of The Dog – including 13 live performances featuring more than 60 performers. The entertainment included traditional Chinese music performances and Chinese dances – pictured above – contemporary dance and a traditional comedic crosstalk performance in Mandarin.

**WORLD MEDICAL
INNOVATION
FORUM**



Personal loss inspires personal triumph

AFTER LOSING HER FATHER to lung cancer in 2012, Bridget Kearney turned to running as a way to cope with grief. Mile after mile, Kearney felt the presence of her father, who was an avid runner. Five years later, Kearney is honoring her father's legacy by running the 2018 Boston Marathon as part of the Fighting Kids' Cancer... One Step at a Time marathon team for MassGeneral Hospital for Children (MGHfC).

"These past five years have been the toughest years of my life, and I thought there's no better way to represent those years than by doing something physically tough," says Kearney, who grew up in Rocky Hill, Connecticut and now lives in South Boston. "This is my first marathon and it's such an interesting feeling. When I am having a tough day of training, I think about the reasons why I'm running and it wakes me right up. I think about what life would be like if cancer didn't exist. It burns a fire in you, an ambition you didn't know you had, when you think about the opportunities to raise money and support a cause that has changed your life so much. I am beyond honored to run for MGHfC and Mass General."

The MGH has touched Kearney's heart in more ways than one. In the winter of 2016, Kearney, 25, and her colleagues from the Four Seasons Hotel Boston visited MGHfC to donate teddy bears to Pediatric Hematology and Oncology patients. That same year, Kearney's close friend was diagnosed with brain cancer and received treatment at the MGH.

"I have so many ties to Mass General," says Kearney. "I remember visiting the pediatric cancer unit and just having my eyes fill with tears because I felt so helpless to anyone fighting cancer. Cancer has impacted my life in so many ways and running the marathon is my way of giving back."



– Gun violence prevention

(Continued from page 1)

the GVP, a group that has since grown substantially thanks to the addition of staff from all areas of the hospital including nurses, attendings, trainees and physical and occupational therapists. The group's mission is to reduce injuries and deaths from firearm-related violence and promote safety in the homes and communities of patients through education, community engagement and research.

"We hope to arm clinicians with tools to discuss firearm safety with patients, to advocate for research funding to better understand intervention points and to be advocates for our patients and communities in the policy debate at state and national levels," says Sacks. "One of the most critical things we need to do is reframe this issue – which is too often seen as a partisan wedge – as the public

health and medical problem that it is. Clinicians and all staff who work in health care can help be part of that conversation."

Sacks says another step in addressing this public health crisis is the March 24 March for Our Lives. Staff are invited to meet on the Harvard Medical School quad at 9:30 am to walk together to the start of the march at Madison Park Vocational High School. Joining with hospitals from around the city, the group hopes to have a strong showing from the medical community to support the student organizers.

"We are used to tackling big problems, threats and causes of death that face our patients and figuring out how to take actionable steps to try to reduce morbidity and mortality," says Sacks. "This issue should be no different."

The GVP meets the first Friday of every month and welcomes anyone in the MGH community. The group's next meeting is April 6 at 1 pm in Bulfinch 225. Learn more about the GVP at apollo.massgeneral.org/mghgvp. ■

"As health care providers, we are charged with more than caring for the sick and injured. We must stand front and center to address the gun violence epidemic that is indiscriminate of race, age, creed, gender and sexual identity. I was so proud to see the great demonstration of MGH support for the brave students of Marjory Stoneman Douglas High School as they work toward creating a safer society." – Masiakos



Understanding dementia: a conversation with caregivers

WHAT TYPE OF MEMORY LOSS IS NORMAL? Should I be worried? Where do I go from here?

These questions — among many others — were addressed during a March 20 seminar, “I’m Having Trouble Remembering: A Discussion on the Difference Between Normal Aging and Dementia,” presented by Erin Stevens, DO, MGH geriatrician and Palliative Care physician.



The program, open to caregivers, patients and staff, kicked off a four-seminar “Conversations with Caregivers” education series at the MGH. Sponsored by the Dementia Caregiver Support Program, this new initiative was created by the Division of Palliative Care and Geriatric Medicine to

offer support to those navigating the often-difficult path of caring for an aging parent, spouse, friend or loved one.

“We are here to help educate, support and provide for those caring for someone with dementia,” said Lorie Smith, MD, medical director of the Dementia Caregiver Program. “We hope, as our program continues to develop, participants will find it a source of compassion and collaboration.”

NORMAL AGING OR DEMENTIA?

“Let’s think about our cars,” Stevens said. “It can be perfectly normal to park your car in a garage and then forget where it might be parked. What is not normal, however, is to forget what type of car you have or not remember why you drove there.”

Normal memory changes — such as briefly forgetting where a car is parked — are signs of cognitive aging, a process that occurs in every individual as they age. More concerning situations are when an individual starts frequently getting lost in once-familiar places, forgetting routine tasks, losing weight, and if they seem depressed, make inappropriate comments or experience changes in their sleep or spending habits, Stevens says.

“Dementia isn’t just memory loss, it can be an impairment in any one of six main mental process domains — complex attention, executive function, learning and memory, language, perceptual-motor and social cognition,” said Stevens. “When the memory loss or behavior effects the ability to function daily or to be independent, it is more concerning for dementia.”

CAUSES AND TYPES OF DEMENTIA

“There are many causes of dementia, but the biggest risk factor is age. The older we live, the more of a chance we have of getting it,” Stevens said.

Other causes of memory loss may include vascular disease, head trauma, degenerative disorders or a hereditary
(Continued on page 4)



Fiancée’s cancer care inspires marathoner

MIKE TRIPALDI WAS AT A TIKI BAR with friends on Memorial Day weekend in 2015 when his life changed forever. It should have been an early night — he needed to get up the next morning to train for an Ironman competition. But when Lauren Dudley walked through the door, Tripaldi knew he couldn’t go home.

“We made eye contact immediately,” Tripaldi says. “And the rest is history.”

Three years later, Tripaldi has joined the 2018 Mass General Marathon Team to raise funds for pediatric hematology oncology in honor of Dudley, who is now his fiancée. In April 2017, Dudley discovered a lump after exercising. The next day, she went wedding gown shopping with her mom and sisters. “I thought I’d just pulled something going to the gym,” Dudley recalls. “I showed it to my mom, and she said, ‘Oh, my God. You need to get this checked out right away.’”

Within days, Dudley had a mammogram and ultrasound at her local hospital. The growth was biopsied, and she was diagnosed with stage 3 breast cancer. The Leominster couple sought out care at the MGH.

“We fell in love with Mass General,” Tripaldi says. “The experience couldn’t have been more welcoming. Doctors looked her in the eye. She felt like she was the only patient in the whole hospital.”

Tripaldi, a longtime athlete, saw how innovative treatments at the MGH can improve cancer patients’ lives — and how frustrating it is to watch a loved one struggle despite these medical advances.

(Continued on page 4)

MGHfC celebrates 10 years of child health research

THE OUTLOOK FOR CHILD HEALTH RESEARCH – both in federal funding and at the MassGeneral Hospital for Children (MGHfC) – is a bright one, was the message from speakers at the 10th anniversary of MGHfC Pediatric Research Day. In a talk aimed at the next generation of early investigators and clinician-scientists, keynote speaker Diana Bianchi, MD – director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) – urged participants to look at the funding glass as “half-full.”

Bianchi discussed challenges and opportunities related to child health research during the March 20 event at the Starr Center. She correctly predicted the healthy rise in National Institutes of Health (NIH) funding in the omnibus budget bill subsequently passed by Congress and also described an array of online tools provided by NICHD and other federal funding sources. Bianchi encouraged young investigators to reach out directly to NIH program directors early in their careers and to broaden their search for federal pediatric research funding, which has grown from \$3.28 billion in 2011 to \$4.18 billion in 2017.

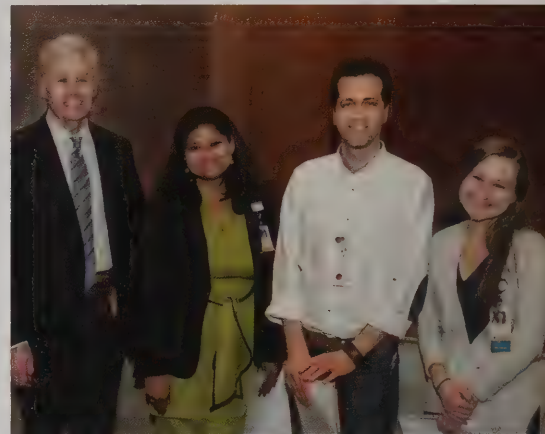
David Torchiana, MD, Partners HealthCare president and CEO, spoke about the vital role that pediatric research plays at the MGH. “You’re punching above your weight,” said Torchiana. Total funding for pediatric research at the MGH was approximately \$90 million in 2017, making up nearly 10 percent of the total research budget of \$912 million.

Faculty keynote speaker Randy Buckner, PhD, director of the MGH Psychiatric Neuroimaging Research Division, proposed that many ailments are caused or mediated by the fundamental mismatch between our brain’s evolution in an intimate hunter-gatherer society with tightly proscribed relationships and roles and the complex, modern society that “we’ve evolved into.”

Four junior faculty members also presented talks. Peggy Settle, RN, PhD, nurse director of the Neonatal Intensive Care Unit, described a research study that led to implementation of a successful infant-driven feeding method. Lauren Fiechter, MD, director of the Center for Pediatric Nutrition at MGHfC, talked about the importance of including parental

feedback and direct participation in a weight management study on children. Vibha Singhal, MD, pediatric endocrinologist, presented on marrow fat and bone across the nutritional spectrum; and Hongmei Mou, PhD, of the MGH Center for Regenerative Medicine, talked about the development of a stem cell model to study airway diseases.

More than 150 posters were presented, and travel awards were given to Jafari Gholamali, MD, PhD; Vibha Singhal, MD; and Mai Uchida, MD. Thirteen finalists also were selected to submit applications for an MGHfC pilot and feasibility award.



AWARD WINNERS: Ronald Kleinman, MD, physician-in-chief of MGHfC, congratulates, from left, Gholamali, Singhal and Uchida.



A touching tribute

MGH STAFF JOINED TOGETHER in the Thier Conference Room this week to celebrate the life and legacy of Rev. Dr. Martin Luther King Jr. Sponsored by Nursing and Patient Care Services and the MGH Spiritual Care Department, the April 4 event – on the 50th anniversary of King’s death – featured readings of the activist’s famous sermons, photos of the Civil Rights Movement and a live gospel singalong.



Cardiologist 'merits' notice by giving back

AS DIRECTOR OF THE MGH CARDIAC INTENSIVE CARE UNIT and "co-director" of three young children at home, David Dudzinski, MD, will tell you he has his hands full on a weekly basis.

But that hasn't stopped him from mentoring other cardiologists coming up through Ellison 9, serving as assistant Cubmaster to his 7-year-old's troop or volunteering at a local science night at his two eldest kids' Belmont school.

"I half-jokingly call these activities my best prevention against burnout, but it's true," says Dudzinski. "And it feels great to see the wide-eyed reaction to science from these children."

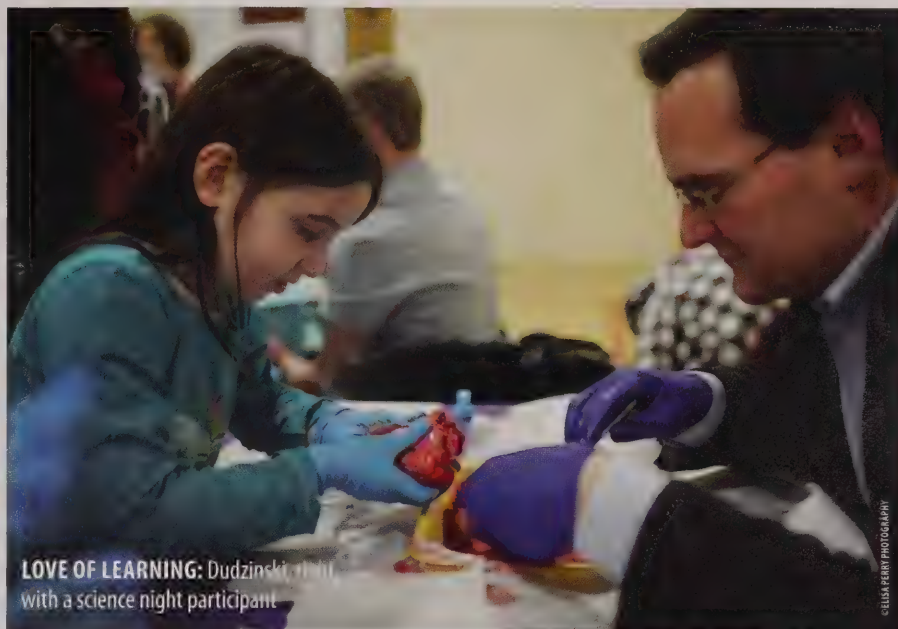
Dudzinski says wide – and wary eyes – greeted him at the March 15 Winn Brook Elementary School Science Night. A local grocery store had donated animal hearts, which Dudzinski dissected, to show students the chambers and valves similar to those of the human heart.

"About a third of the kids were afraid to even touch the hearts at first. But then almost all of them got right in there, picked them up and really studied them quite intently," says Dudzinski. "And interestingly, a couple of parents disclosed their own experiences with heart surgeries and also stopped by to take a look and ask questions."

SCIENCE NIGHTS AND "SCOUTING" OUT POTENTIAL CAREERS

Just a few days later on March 19, Dudzinski took the show-and-tell up a notch, during his second year of hosting a Medicine Merit Badge Night for Boy Scouts of the Boston Council.

Twenty-two Scouts ages 12 to 16 visited MGH for a night of learning through conversation and demonstrations. In keeping with the Boy Scout motto, the group learned how to "be prepared" for a path in school that might lead to careers in medicine, asking questions of Dudzinski and the



LOVE OF LEARNING: Dudzinski, with a science night participant

MGH Heart Center's Vlada Usherenko, NP, and Shauna Sullivan, RN.

"MGH has state-of-the-art technology, but we also discussed the art of the conversation and making a connection through taking a full patient history and conducting the physical exam," says Sullivan.

"We wanted the Scouts to learn not only about modern medicine and our careers but also something special about their own health," says Dudzinski. He led the Scouts through an echocardiogram – or ultrasound of the heart – using the transducer on five of the Scouts to allow them to see and hear their hearts beating and blood flowing across the valves in real time.

Adds Dudzinski, "We may have inspired a few future cardiologists." ■



LEARNING LAB: Staff take

Dual-space training room offers hands-on learning opportunities

THE MGH LEARNING LABORATORY recently piloted an in-situ simulation space in the Emergency Department, as part of the Department of Emergency Medicine's Quality and Safety Olympics. The clinical bay houses an adult or pediatric mannequin simulator along with easily accessible equipment to provide training and education opportunities for emergency care team members.

The Feb. 12 exercise included a number of MGH staff, including attending physicians, resident physicians, nurses, physician assistants and unit coordinators. Participants cared for a simulated critical patient then discussed the team's clinical approach and ways to improve team communication during challenging cases.

"The goal moving forward is to make realistic training more routinely available to busy clinical staff in their own unit," says James Gordon, MD, director of the MGH Learning Laboratory and chief of the Emergency Department's Division of Medical Simulation. "The creation of dual-use space to support both patient care and provider training offers exciting new opportunities to improve patient care at the point of service." ■

— Dementia

(Continued from page 1)

condition. Depending on the type of memory problem – whether it be neurodegenerative or age-related – the correct specialist can then work on a management plan. Different types of dementia present differently and can be helped – or worsened – by medications or treatments. “Depression is one of the top three causes of reversible dementia. So it is really important to have the correct initial evaluation and diagnosis so we can tease out and treat any reversible causes. It may end up the patient doesn’t have dementia at all, but instead has one of these other issues that can be treated,” said Stevens.

DIAGNOSIS AND MANAGEMENT

“We know that early advance care planning improves care for both patients and caregivers,” said Stevens. “We want to – for as long as possible – preserve our patients’ memory, maintain their function and independence, and support them and their caregivers.”

While there are medications to help slow the progression of dementia, they do not prevent, treat or cure the disease. In addition to or in place of medication, a number of other techniques also can be used to help with symptoms. These techniques include a proper diagnosis, removing and treating any reversible causes or exacerbations, managing behavioral symptoms and promoting brain health.

“A good rule of thumb is what’s good for your heart is also good for your brain,” said Stevens. “Adopting a healthy lifestyle with exercise, a balanced diet and mental activities is the best way to maintain a healthy brain. The brain

Future support program offerings

THE DEMENTIA CAREGIVER SUPPORT PROGRAM will host three additional programs in this educational series. All are free and will take place in the Haber Auditorium. Call 617-724-0406 to RSVP. Seating is limited. Staff, patients, families and caregivers all are welcome.

APRIL 18, 5:30 - 7 PM

After a Dementia Diagnosis: What’s Next for Patients and Caregivers?

Barbara Moscovitz, LICSW, Dementia Caregiver Support Program, MGH Division of Palliative Care and Geriatric Medicine

MAY 16, 5:30 - 7 PM

Legal and Financial Planning Following a Dementia Diagnosis

Steven M. Cohen, partner, Pabian & Russell, LLC

JUNE 20, 5:30 - 7 PM

Caring for the Caregiver: Promoting Resiliency, Strength and Support

Katie Brandt, director of Caregiver Support Services, MGH Frontotemporal Disorders

is constantly changing, so if there’s one thing I can’t stress enough it’s the importance of keeping your mind active.”

For more information about the Dementia Caregiver Support Program, contact Barbara Moscovitz, LICSW, program founder and associate director for Education and Support, at bmoscovitz@partners.org. ■



QUIET CONCERN: Rev. Diana Donahue, MGH Spiritual Care Department, lights candles on the altar table.

Circle of support

THE MGH SPIRITUAL CARE DEPARTMENT hosted a special “Circle of Concern: An Epidemic of Violence” service in the MGH chapel April 5 to honor and console those affected by mass shootings and recognize the fifth anniversary of the Boston Marathon attacks. At the service, employees were given a card to write their concerns and placed them in a vase on an altar table. Some employees read aloud the words or phrases written on their cards, others placed them in silence.

This was the first in a new monthly series reflecting on current events facing the MGH community.

— Marathon

(Continued from page 1)

“You see people fighting for their lives, just to have another day,” he says. “I knew I had to research anything I could do to get involved, so one day nobody will have to worry like us.”

Genetic testing found Dudley to be “mosaic” for the cancer-causing TP53 gene mutation, meaning the gene was found in some but not all of her tumor cells. “Mass General got back to me within two hours of my calling, and I was able to meet with an entire treatment team in one visit,” says Dudley, who was referred to Barbara Smith, MD, PhD, director of the Breast Program in the MGH Cancer Center, for a double mastectomy. She then received treatment at Mass General Waltham every three weeks and will continue with chemotherapy until September.

Tripaldi, meanwhile, trains for the Boston Marathon every day. He also is planning to host a fundraiser at his restaurant — Monument Square Market in Hollis, New Hampshire — the weekend before the marathon.

“My goal is to raise \$10,000 — but really, my goal is to blow that away,” Tripaldi says. “This has been horrible to watch. My role is to keep Lauren positive, keep her going. But really, this girl didn’t even need me. There are no words to explain how unbelievably strong she is.”

And when Tripaldi reaches the finish line at the marathon, the couple will be able to focus on a new goal: their Memorial Day wedding. ■



04.20.18

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



Conquering the course

HEAVY DOWNPOURS. Strong gusts of wind. Unseasonably cold temperatures. 26.2 miles. Runners of this year's Boston Marathon had to tackle each one of these elements to get to the finish line. Despite the subpar weather, members of the Mass General Marathon team conquered the course April 16. They also raised more than \$1.7 million for the MassGeneral Hospital for Children Cancer Center, the Emergency Response and other programs close to their hearts – Botswana Oncology Global Outreach, Caring for a Cure, cystic fibrosis, Down syndrome, the Lurie Center for Autism and the Mootha Lab. The 39 MGH employee runners got a send-off at the hospital April 12 from special guests Jessica Kensky, RN, a Lunder 10 nurse, and her husband, Patrick Downes, who were injured in the 2013 marathon bombing, as well as New England Patriot Ted Karras. ■



Show, don't tell: ESOL students share knowledge through skits

IN MANY WAYS, the MGH is a world of its own, with its own vocabulary and vernacular. For those learning English as another language, it can present an added layer of difficulty. To help employees improve their language skills and integrate more deeply into the MGH community, the Training and Workforce Development Office partners with JVS Boston to offer English for Speakers of Other Languages (ESOL) classes. On April 12, ESOL students performed skits and conversations they had written before an audience of their classmates, teachers, managers and MGH colleagues.

"I'm feeling more confident now and I've learned a lot so far," says Ioannis Papadakis, a Patient Care Associate in the Cardiac Surgical Step-Down Unit and member of the "Code Designation" performance group. Papadakis has worked at the MGH for five months and only started learning English three months before he moved to the United States from Greece. "These classes have given me a chance to practice speaking and build my vocabulary."

(Continued on page 4)



ACTING IT OUT: Julio Depina, at right, ESOL participant, with his manager Jayson Corbett, of Supply Chain Management

04.20.18

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

BREAST CANCER SCREENING RESEARCH HIGHLIGHTS HOW FLAWED SCIENCE CONTRIBUTES TO HEALTH DISPARITIES

Current guidelines for breast cancer screening issued by the U.S. Preventative Services Task Force recommend beginning mammograms at age 50 for women at average risk. However, given these guidelines were based on data primarily gathered from white women, David Chang, PhD, MBA, MPH, researcher in the Department of Surgery, wondered if they were inclusive enough to address racial differences, thus putting other populations at risk.

To investigate, Chang and his team analyzed National Cancer Institute data covering women ages 40 to 75 who were diagnosed with breast cancer from 1973-2010.

They found that nonwhite women – specifically Hispanic, Asian and African-American – tended to be diagnosed with breast cancer in their mid-40s to mid-50s, significantly earlier than white women and often too early to benefit from mammograms begun at age 50.

These results support the development of guidelines calling for earlier initial screening of some nonwhite women and highlight the pitfalls of basing clinical recommendations on data that is heavily skewed towards one race or ethnic group.

Chang and his team will soon start a new course

at Harvard Medical School to teach future physicians and physician scientists about culturally sensitive science.

NEW STUDY SEEKS TO IMPROVE SHARED DECISION MAKING AMONG MINORITY PATIENTS

A new study by a research team led by Margarita Alegria, PhD, chief of the MGH Disparities Research Unit, provides insights into how to empower minority patients and improve their quality of care using shared decision making.

Shared decision making is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans that balance risks and expected outcomes with patient preferences and values.

There have been multiple barriers to large-scale implementation of shared decision making, particularly among patients from racial and ethnic minorities, as is evident from previous work by Alegria that tested a shared decision-making intervention known as DECIDE.

The DECIDE intervention employs a six-step process designed to help patients and clinicians arrive at care decisions by working collaboratively. The results of Alegria's previous studies found that a patient-focused DECIDE intervention (DECIDE-PA) improved patient activation and self-management in

behavioral health care settings, but minority patients were more likely than white patients to express concern that becoming activated threatened their relationships with their clinicians.

Given these findings, Alegria and a team of researchers sought to test if pairing DECIDE-PA with a clinician-focused DECIDE intervention (DECIDE-PC) within a minority patient population would be effective for improving both shared decision making and quality of care.

The team conducted a randomized clinical trial in Massachusetts behavioral health clinics. They found that DECIDE-PC alone significantly increased shared decision making as rated by independent third-party coders who reviewed recordings of the sessions but not as assessed by clinicians or patients. DECIDE-PA alone significantly increased patient-perceived quality of care but not shared decision making. The team found that the more DECIDE-PA training sessions the patients attended, the greater the perceived quality, particularly when their clinicians also received more DECIDE-PC coaching sessions.

This study highlights how even a simple intervention can help to improve communication and quality of care. The research team's next step is to streamline the training and work to successfully disseminate the interventions to new clinical sites.

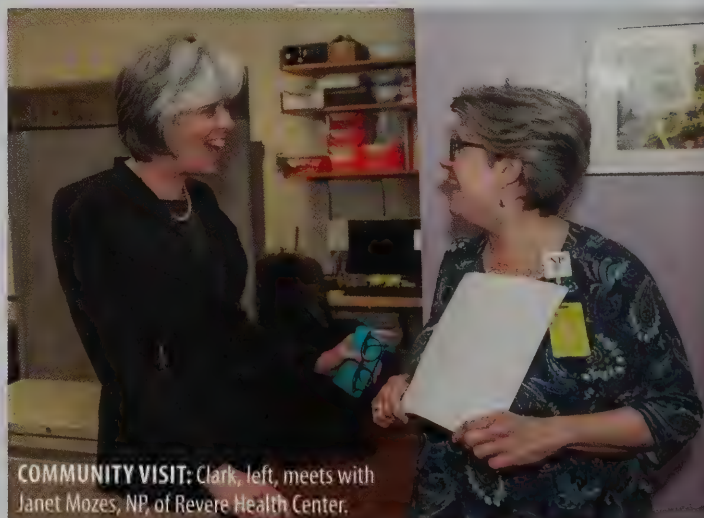
Congresswoman Clark visits Revere School Based Health Center

U.S. REP. KATHERINE CLARK visited the MGH School Based Health Center (SBHC) located at Revere High School April 6 to learn more about the organization's work. The health center provides sports physicals, immunizations, urgent care visits and health and sexuality counseling for students and others in the community. Clark said she was particularly interested in talking about mental health and substance use issues impacting Revere youth.

"The future of our students is made brighter by the innovative care provided by the health center," said Clark. "Offering primary care and services that include mental health, substance misuse prevention and sexual health, the center provides care many students would not otherwise receive. I am grateful for the dedication and investment made by MGH as well as their on-site health care providers who are truly making a difference in the health and well-being of our community."

Leaders from SBHC, MGH Revere Health Center and the school met with Clark and discussed a range of topics – diversity of the students, building trusting relationships with youth and stressors in Revere, including immigration concerns.

"Sometimes when we are working day to day, it's easy to forget that people with influence care about the work we do," said Debra Jacobson, administrative director of MGH Revere. "The congresswoman's visit served as a great reminder that what we do matters in the community, and our elected officials are very supportive."



COMMUNITY VISIT: Clark, left, meets with Janet Mozes, NP, of Revere Health Center.

New Cooley shuttle to MGH

THE MGH HAS TEAMED UP with Cooley Dickinson Health Care to offer a round-trip, non-stop daily shuttle service for patients, family members and staff from Northampton to Boston. The free pilot program debuted April 9.

"This partnership is an exciting enhancement to the care and access we provide to patients beyond eastern Massachusetts," says Tony James, senior vice president of MGH Network Development and Integration. "We appreciate the support in this new endeavor and look forward to serving patients from the Cooley Dickinson area in the near future."

The 12-passenger van – which is equipped with free Wi-Fi – will depart daily from Cooley's 8 Atwood Drive location at 6:30 am, and passengers will disembark at the MGH Wang entrance. The van will return to Northampton from the MGH at 3 pm. The shuttle runs Monday through Friday, except on major holidays.

There is no cost to ride the shuttle, but reservations are required by calling 888-554-4CDH (4234). Reservations should be made at least 24 hours in advance and children ages 18 and under must be accompanied by an adult.

To learn more, visit cooleymghshuttle.org.



A week to celebrate medical laboratory professionals

EACH APRIL, the MGH joins the nationwide celebration of Laboratory Professionals Week, which celebrates medical laboratory professionals who play a vital role in health care and patient advocacy. The week also provides the profession with an opportunity to increase public understanding of – and appreciation for – clinical laboratory personnel. The MGH celebrates the week, April 22-28, with employee events and meals, lectures, trivia activities and giveaways. Staff also will host an information table April 24 in the White corridor.

This year, the Pathology Department reached out to the leaders of major clinical programs and areas throughout the hospital to share testimonials about how pathology laboratories contribute to their clinical mission.

"We appreciate the kind words and recognition from these departments," says David Louis, MD, chief of the MGH Pathology Service. "Our lab personnel, often working behind the scenes, understand how much the critical testing they perform every day assists with patient diagnosis and treatment. It is wonderful to hear these roles highlighted by our colleagues."

Biothreats Laboratory Program has dedicated equipment and facilities that support the diagnostic and clinical care needs of any patient admitted to the Biothreats Care Unit. The National Ebola Training and Education Center called the lab's biothreats program 'amazing' and 'admirable.' We couldn't agree more."

– **Paul Biddinger, MD**, vice chairman for Emergency Preparedness, and **Robert Seger**, executive director, MGH Emergency Medicine

"The MGH Pathology laboratories are an essential component of our multidisciplinary care team approach here at Mass General Cancer Center. Their work is integral from initial diagnosis to their complex interpretation of tumor tissue samples. By looking at cancer closely under the microscope, pathologists are often able to predict how well a patient will respond to a particular treatment, and help guide or change our care for them as time evolves. This makes it possible for our clinicians to make personalized medical decisions for our patients based on their findings."

– **David Ryan, MD**, chief of MGH Hematology/Oncology ■

TESTIMONIALS:

"We could not do all that we do at the MGH Transplant Center without the dedicated teams of professionals in the clinical and HLA lab settings to support our mission. Our patients have received lifesaving organs and gone on to thrive because of what each lab professional has done and continues to do 24/7. We are truly indebted to you."

– **Paul Myoung**, administrative director, and **Joren C. Madsen, MD**, director, MGH Transplant Center

"When Ebola was first recognized as a potential threat in the United States in 2014, most hospitals were unable to provide even basic laboratory testing capabilities for patients suspected of an Ebola infection. The hospitals' inability to promptly diagnose and treat patients often adversely affected clinical care. At the MGH, however, staff worked diligently to ensure the hospital could provide a basic level of safe clinical laboratory evaluation for all patients, no matter what disease we suspected. Now – after years of growth – the MGH



The City of Boston



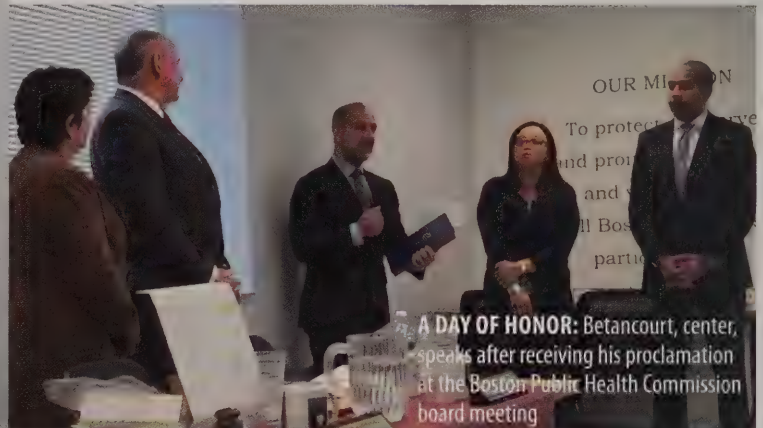
PROCLAMATION

- Whereas:** Joseph R. Betancourt, MD, MPH, has provided exemplary service and guidance as a member of Boston's Board of Health since 2009, and his leadership has been instrumental in numerous efforts to promote the health and well being of Boston's residents; and
- Whereas:** Dr. Betancourt has established himself as a national leader in addressing health disparities and cross-cultural medicine, serving as the founder and director of the Disparities Solutions Center, and Senior Scientist at the Mongan Institute for Health Policy at Massachusetts General Hospital, as well as Associate Professor of Medicine at Harvard Medical School while practicing Internal Medicine; and
- Whereas:** Dr. Betancourt has been instrumental in Boston's work with healthcare institutions to establish and implement the groundbreaking Boston Health Equity Measure Set (BHEMS) quality metrics, which will be generated using clinical and administrative data to enable these institutions and BPHC to improve data collection, learn more about the patient populations we serve; and
- Whereas:** Dr. Betancourt's advocacy has kept Boston at the leading edge of emerging local policy approaches to addressing a broad range of public health issues including tobacco control, disease surveillance, medical marijuana, nail salons, trans fats, and drinking water wells; often creating precedent that catalyzed policy change in other jurisdictions, as well as the state and the federal government; now
- Therefore,** I, Martin J. Walsh, Mayor of the City of Boston, do hereby proclaim April 13, 2018 to be:

Dr. Joseph Betancourt Day
in the City of Boston.

Dr. Joseph Betancourt Day

APRIL 13, 2018 was proclaimed Dr. Joseph Betancourt Day in the city of Boston by Mayor Martin J. Walsh. As stated in the official proclamation, at left, Betancourt, MD, MPH, director of the MGH Disparities Solutions Center, "has established himself as a national leader in addressing health disparities and cross-cultural medicine. He has served on Boston's Board of Health since 2009 and has been instrumental in establishing the Boston Health Equity Measure Set quality metrics. Betancourt's advocacy has kept Boston at the leading edge of emerging local policy." ■



A DAY OF HONOR: Betancourt, center, speaks after receiving his proclamation at the Boston Public Health Commission board meeting

Raising awareness during National Donate Life Month

APRIL IS NATIONAL DONATE LIFE MONTH, which recognizes the ongoing need for organ and tissue donors. The MGH Division of Transplant Surgery, in partnership with New England Donor Services, is raising awareness of these needs within the hospital and in the surrounding community. Ann Prestipino, MPH, senior vice president of Surgery, Anesthesia, Emergency Medicine and Clinical Business Development, and Alexandra Glazier, president and CEO at New England Donor Services, hosted a ceremony earlier this month to raise the Donate Life flag above the staircase leading to the Eat Street Café.

"With this flag ceremony, the MGH recognizes the selfless gift of donors and their families," said Prestipino. "Last year, the MGH helped more patients through transplantation than any other transplant center in our region. This could not have been accomplished without the very people or loved ones who made the courageous decision to help others through donation. We are honored to partner with New England Donor Services for 2018's National Donate Life Month and will continue to serve our community together through organ and tissue donation and transplantation."

To register to be an organ donor, visit registerme.org/campaign/MGH.



GLAZIER AND PRESTIPINO

— ESOL

(Continued from page 1)

Josefina Dominguez has worked at the MGH for 16 years in Accounts Receivable. After completing the highest level of ESOL classes offered through JVS, she now hopes to go back to school and get her degree. "This class has motivated me to apply to college," she says. "Now I can do things more easily and it has refreshed my memory. I feel ready to learn more."

One ESOL class conducted a R.A.C.E simulation that led the audience into the hallway while explaining the steps of the fire safety acronym – Rescue, Alarm, Confine, Extinguish/Evacuate – then led the group safely back into the conference room.

"We always say, 'show me, don't tell me,'" said Carlyene Prince- Erickson, director of Employee Education and Leadership Development. "Our ESOL students showed us how these classes help them deliver Excellence Every Day and bolster their confidence to teach others. Their success is what has kept this program going for 23 years."

For more information about the hospital's free, on-site ESOL classes or other offerings through the Workplace Education Program, visit the Ask myHR portal and select Learning and Development, or call the Workplace Education Program office at 617-726-2388.



MGH HOTLINE



FLOURISHING FACULTY: Members of the Center for Faculty Development receive their team award with Meyer and Slavin

All about PIE

HUNDREDS OF MGH staff gathered at the 22nd annual Partners in Excellence (PIE) Awards April 27 to celebrate outstanding contributions to the hospital. This year, 196 individuals and 96 teams were honored with PIE Awards and had the opportunity to have their photo taken with Peter L. Slavin, MD, MGH president, and Gregg Meyer, MD, MSc, chief clinical officer of Partners HealthCare, during the event. Recipients were commended for their work in one of six areas: quality treatment and service, operational efficiency, leadership and innovation, teamwork, outstanding community contributions and sustainability. For a full list of honorees, visit Apollo at <http://apollo.massgeneral.org>.



MIGHTY MAUS: Maus with her family at the unveiling of the plane

Flying high: MGH researcher teams up with superheroes to fight cancer

MARCELA MAUS, MD, PHD, stands with her family beneath a custom-wrapped American Airlines A321T plane featuring her photograph alongside superheroes Thor, Iron Man and Black Panther from the movie "Avengers: Infinity War."

The plane, unveiled earlier this month, is now in service, traveling between Los Angeles and New York. The plane is part of a public service campaign, which also includes print, radio and digital messages to raise money and awareness for cancer. The first-of-its-kind collaboration joins together Stand Up To Cancer (SU2C), American Airlines and Marvel Studios.

"I definitely didn't expect that being a physician/scientist would put me in the same league as the Marvel superheroes," says Maus. "I'm so grateful to SU2C, not just for funding our cancer research work, but also for their intellectual and programmatic support for the public service they do by raising awareness of cancer research and the progress that doctors and scientists are making in treating cancer."

Maus is a 2017 Innovative Research Grant recipient from SU2C for her work in novel, next-generation CAR-T cell immunotherapies and for her work with blood cancers such as myeloma, lymphoma and leukemia. Alongside other researchers, the campaign also features American Airlines staff who have fought cancer and those who currently are battling the disease. ■

30x30 Stop Stroke Challenge: Exercise 30 minutes for 30 days

THE MGH HAS KICKED OFF its second annual 30x30 Stop Stroke Challenge, aimed at helping prevent stroke and increase physical and mental well-being. In honor of Stroke Awareness Month, the Neurology Department has challenged hospital staff to exercise for at least 30 minutes per day, every day during the month of May.

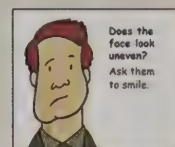
"Exercise should be a regular part of every day," says Lee Schwamm, MD, executive vice chair of the MGH Department of Neurology and director of the MGH Comprehensive Stroke Center. "While we're emphasizing that May is Stroke Awareness Month, we're also trying to jumpstart people's rededication to exercise. We don't want people to do this once. We want it to become part of their everyday routine."

Schwamm says exercise is important in preventing stroke because it helps the heart and blood vessels relax more easily, especially if blood flow is reduced. It also decreases inflammation and therefore the likelihood of blood clots forming.

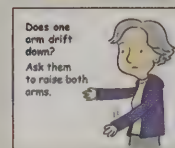
MGH employees can participate in the challenge as individuals or form a team. A tracking form can be downloaded at <http://www.massgeneral.org/stopstroke/welcome/30x30.aspx> and submitted at the end of the month to be entered to win a free month's membership at the Clubs at Charles River Park. Club members who log 30 days at the gym in May also will be entered to win a free month's membership. Several stroke prevention-related events are slated, including a group fitness class at 8 am on May 29 on the Bulfinch Lawn.

"If you don't believe in it, you can't walk the walk, and you can't be as effective in convincing your patients of its importance," says Schwamm. "If we're going to make a difference and make a dent in diabetes and obesity and vascular disease and dementia, we must start taking an active role in this. It's about engaging in health."

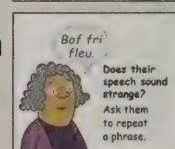
Face



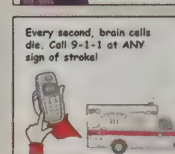
Arm



Speech



Time



Is it a stroke?

Check these signs FAST!

Call 9-1-1 at ANY sign of stroke.

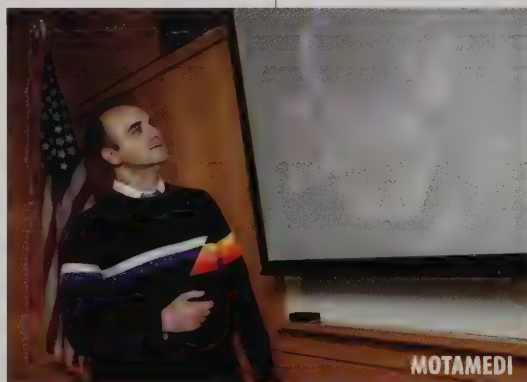
MGH Research Institute the focus of SAC meeting

THE 70TH MEETING of the MGH Scientific Advisory Committee (SAC) focused on the MGH Research Institute, which was founded in 2015 as an organizational home for the more than 8,500 MGHers in 30 departments, centers and institutes who make up the largest hospital-based research program in the U.S. The March 29 meeting, following the preceding day's Celebration of Science, began with a keynote talk by Donald Ingber, MD, PhD, founding director of the Wyss Institute for Biologically Inspired Engineering at Harvard University. Ingber described the institute as a model for academic-industrial collaboration.

In the overview of the Research Institute's first three years, Harry Orf, PhD, MGH senior vice president for Research, described how the institute was developed out of the research strategic planning process to address challenges, including the shrinking and shifting of federal support for biomedical research and the difficulties of bringing research findings into clinical practice. Along with working to increase unrestricted support for research, the local and national visibility of MGH research, and engagement with industry, the Research Institute has recently added programs to improve communications with MGH researchers – including face-to-face meetings and presentations and a new iSuggest system.

"We thought that – with three years under our belts – this would be a good time to make the Research Institute the focus of SAC," says David Louis, MD, chief of Pathology and outgoing chair of the Executive Committee on Research. "We have made progress in a number of areas, all of which were subjects of discussion at the meeting, and it was heartening that SAC felt we were doing things right. Their suggestions were primarily about continuing to improve communicating the value of the Research Institute to our investigators."

Read more about this year's event in *Hotline* online.



AWARD-WINNING RESEARCHERS PRESENT AT CELEBRATION OF SCIENCE

This year's Celebration of Science featured 224 research posters, 12 of which were chosen as posters of distinction after oral presentations from 24 finalists. A highlight of the day was presentations by the winners of the MGH's top research awards.

Mo Motamedi, PhD, of the Department of Medicine and the MGH Cancer Center, received the Goodman Fellowship for his investigation of a population

of tumor cells that remain in a dormant, treatment-resistant state. In a yeast model, his team has identified proteins that act as a switch, enabling cells to enter this protective state, that may present a new target for cancer treatment.

Florian Eichler, MD, of the Department of Neurology and the Center for Genomic Medicine, received the Martin Prize for Clinical Research for his *New England Journal of Medicine* paper describing a gene therapy treatment that has halted symptom progression in boys with cerebral adrenoleukodystrophy, the first successful gene therapy for an otherwise-fatal brain disease.

Miguel Rivera, MD, of the Department of Pathology and the MGH Cancer Center, received the Martin Prize for Fundamental Research for his *Cell* paper describing a newly discovered mechanism by which a genetic abnormality leads to development of the pediatric bone cancer Ewing sarcoma, findings that may be relevant to other cancers and lead to new treatment strategies.

The evening reception featured announcement of the 2018 MGH research scholars: Ingrid Bassett, MD, MPH, Department of Medicine, Medical Practice Evaluation Center; Daphne Holt, MD, PhD, Department of Psychiatry, Martinos Center for Biomedical Imaging; Eric Liao, MD, PhD, Department of Surgery, Center for Regenerative Medicine; Karen Klahr Miller, MD, Department of Medicine, Neuroendocrine Division; and Alexander Soukas, MD, PhD, Department of Medicine, Center for Genomic Medicine. ■

Thank you, MGH nurses

In honor of National Nurses Week, May 6-12, MGH Hotline asked staff to submit their messages of appreciation to the many MGH nurses who have touched lives, inspired others and provided hopeful, constant, compassionate and dedicated care to MGH patients and families. From the staff at Hotline – and all those below – we thank you, nurses, for all that you do every day.

I want to shout out a huge thanks to the nursing team in the Labor and Delivery Unit. They provided the best possible care for us in a cheery, supportive and always professional way this January when our daughter was born.

— Lilla Z.

"I want to thank the cardiac nurses for the feeling of togetherness they created with their care, dedication, enthusiasm, and joyfulness each day at work."

— Carl G.

"Dear Team, I am truly in awe of you each and every day. I am honored and humbled to work beside and with you!"

— Hiyam N.

"To Our PEDI GI and Pedi Liver Transplant nurses: Dedicated, kind, compassionate, deeply committed and caring. Courageous, exemplary, generous, and so loving. Proactive, creative, thoughtful and comforting. Our backbone, our pillars, our team. Where would be without you? In gratitude, always."

— Your Division

"I want to give a shout out to Alisa Arakelian, RN, in the emergency department! She made me feel so at ease and explained everything that was happening. Go Alisa! We need more nurses like her!"

— Leigh S.

"To all the most wonderful Pediatric nurses on the inpatient floors, the PICU, outpatient, Pedi OR and Pedi ER. We are indebted to you and send you our appreciation and gratitude. You amaze us with your grace, your commitment and your profound professionalism. We celebrate your achievements, your integral contribution to the care of patients as well as the team. In you, we find, superb colleagues who demonstrate integrity, caring, intellect and utmost service. Indebted, we are."

— Pediatric GI

"I want to recognize the entire staff of PH 20 for the dynamic experiences they routinely provide to the MGH IHP nursing students. I think one of the student nurses put it well, 'The nurses I was assigned with on Phillips 20 were incredibly welcoming and thoughtful in their teaching and explanations. Each nurse took the time to respond to my questions and went out of their way to show me each new task for patient care they were performing, whether it was medications, wound care, drains, tube feeds, etc. I could not have asked for a more wonderful nursing experience!' This truly is an example MGH nursing at its best."

— MGH IHP nursing instructor

"We would like to thank all the nurses here at the MGH Diabetes Center for all of their hard work. We have high demands on you all, and you guys never seem to let us down. We truly appreciate all you do here for us and our patients. Thank you, Tiffany Soper, NP; Tiffany Ting, NP; Stephanie Trotter, RN; and Janet Whitley, NP."

— MGH Diabetes Center

"I would like to thank Alyssa Hurley, an RN on Ellison 17, for the fantastic care she provides her patients. She is always calm and cool under pressure. She is very knowledgeable about the patient population. She is amazing with patients and family. She also has a great sense of humor. She always has a smile on her face and is a pleasure to work with. Thanks for all you do!"

— Andrea T.

"A special thank you for the Norman Knight Nursing Center for Clinical and Professional Development, the Maxwell and Eleanor Blum Patient and Family Learning Center, the Yvonne L. Munn Center for Nursing Research, the Center for Innovations in Care Delivery and the programs and initiatives that are part of the PCS Institute for Patient Care. The nurses who lead or are a part of these programs are world class, the best and the brightest. They are part of the infrastructure that supports exemplary patient care. We are so fortunate to have them as our MGH nurses!"

— Gaurdia B.

"As part of a busy internal medicine primary care practice, I am writing to commend three nurses with whom I work – Annette Moore, RN; Mary Ryan, RN; and Cathy Weaver, RN. Daily they give excellent care to our patients both during triage and onsite visits. They serve with compassion, efficiency, clarity and never with any complaints. Additionally, the three of them are true team players who interact well with the clinical staff and administrative staff both professionally and personally. Kudos to our nurses – they're the greatest!"

— Donna C.

Cordones named as Pamela Ellis Award winner

"She is solution oriented, never casts blame and she is the epitome of a team player."

"His dedication to service excellence is refreshing."

"She goes above and beyond the responsibilities of the unit coordinator role, which has a notable impact on the work load of the nursing staff and as a result the level of patient care."

THESE WERE JUST a few of the wonderful sentiments shared about the 78 nominees for this year's Pamela J. Ellis Memorial Secretarial Award during the April 25 Administrative Support Staff Day luncheon. Yocelin Cordones, administrative coordinator in Pediatric Cardiology, was honored as this year's recipient.

"She is a star," her nomination read. "She is extremely bright, hardworking and goes above and beyond to make sure that our department is running smoothly and efficiently. I have never heard her say no. Her answer is usually 'Yes, of course,' or if it is something she does not know, it is, 'Don't worry, I will figure this out.'"

The names of all 2018 nominees will be featured on a plaque on the Employee Recognition Wall outside of the MGH General Store in the Blake corridor, where it will remain for the duration of the year.

"Oftentimes over the course of our busy lives we don't remember to say thank you enough," said Peter L. Slavin, MD, MGH president. "But we notice, and we thank you. You are essential to the MGH family and without you we couldn't deliver on the promises we have made to our patients and their families."



A STANDOUT STAR: From left: Slavin; Joan Sapir, senior vice president of Administration; Cordones; and Jeff Davis, senior vice president of Human Resources

05.04.18

MGH HOTLINE

"Every day, MGH volunteers touch lives and lift spirits." - Jackie Nolan, director, Volunteer Services

National Healthcare Volunteer Week



As part of National Healthcare Volunteer week, the MGH Volunteer Department honors the hospital's volunteers and their commitment to service.



1,300

Total number of volunteers, with 93,500 service hours



16,000

Daytime visitors seen by Russell Museum docents, with 150 tour groups offered



60,092

Patients visited by Book Cart volunteers



48,218

Discharge and escort requests completed by volunteers



16,612

Visits made to patients and staff from Pet Therapy volunteers and dogs



Trustee's Award

The award recognizes a department or individual who makes an extraordinary effort to work collaboratively with the Volunteer Department. was presented to the MGH Mail Services: James Burns, operations manager, and Edward Raeke, director, Materials Management and Buildings and Grounds - pictured top left with Cathy Minehan, chair of the Board of Trustees - accepted the award on behalf of the department.



Pat Rowell Extraordinary Achievement Award

Presented to Kathleen Kenney - pictured top middle with Kimberly Northrup of Volunteer Services - who has demonstrated an understanding of the helping culture of the Volunteer Department and has exhibited dedication and perseverance through longevity of service. Kenney has volunteered for 10 years, has contributed more than 1,135 hours of service and currently serves in the Chemo Infusion Hospitality Center.



Jessie Harding Award

Presented to Dulal Talukdar - pictured top right with Peter L. Szym MD, MGH president - this award acknowledges volunteers who contribute to the MGH in a significant way. Dulal started volunteering in 2013 and to date has volunteered more than 1,500 hours. He volunteers at the Wang One Information Desk.



Maeve Blackman Award

This award was presented to three exceptional volunteers who show an interest in pursuing a career in health care. They are pictured bottom row, from left with Marianne Ditomassi, executive director, Nursing & Patient Care Services Operations; Catherine Eccleston, volunteer since 2016 with 260 hours of service; Matthew Rima, Gray Family, Waiting Area volunteer since 2015 with 549 hours of service; Priyam Shah, volunteer since 2015 with 374 hours of service.



Superheroes for a day

MARVELOUSLY MARVEL: Batman and Superman may be the most recognizable superheroes, but on April 27 the MassGeneral Hospital for Children Cancer Center celebrated the pint-sized power of patients undergoing cancer treatment as part of National Superhero Day. With the help of The Hole in the Wall Gang Camp, the Museum of Science and the Boston Bruins, Yawkey 8 was transformed into a Superhero Training Center, complete with a Kryptonite Dash, Spidey Web Capture and face painting. Patients - including Thomas Barry Jones, 5, above - and their siblings received capes, masks and an official superhero certificate honoring their bravery and strength.



Informational interview turns into job interview

NATALIA SALGADO QUINTERO knows firsthand that hard work, paired with education and determination, allows for continued growth at the MGH. Three years ago, the native of Colombia - who came to the United States in 1999 - began her career as an administrative coordinator in the MGH Center for Faculty Development.

"I was happy in general being at MGH," says Quintero. "My experience with the Center for Faculty Development was so positive and they were supportive every step of the way with my career development."

Part of that journey included Quintero's manager encouraging her to apply for the Support Service Employee Grant, a program available to eligible non-exempt employees in administrative, clinical, service or technical support roles. Quintero was selected as a grant recipient, and the funds are helping her to pay for her classes at Northeastern

University, where she is enrolled in the Healthcare Management Program with an expected graduation date in spring 2019. As an additional benefit, the grant

also paved the way for Quintero to participate in several informational interviews to learn more about the many departments within the hospital and possible jobs of interest for the future.

Two months after a meeting with the Development Office, an opening that Quintero was very interested in became available, and she was hired as a coordinator last October.

"Natalia is a truly wonderful addition to our team," says Carol Taylor, executive director of Development.

Applications for the 2018 MGH Support Service Employee Grant will be accepted through

May 16 at 5 pm. For information about the grant, the Tuition Assistance program or financial aid workshops, email MGHTraining@partners.org.



TAYLOR AND QUINTERO



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Chief Nurse Address: Celebrating teams and teamwork

DEBBIE BURKE, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care and chief nurse, kicked off this year's National Nurses Week celebration at the MGH with her inaugural Chief Nurse Address May 4. Burke took up the chief nurse position Jan. 1, and since then has been visiting patient care areas to better get to know staff and to let them get to know her.

"What has really resonated with me in all those unit visits is how much you talked about the value of your team and how much you value teamwork," said Burke. "Today we're going to be celebrating teams and teamwork."



MEET AND GREET:
Burke talks with staff at
a Nurses Week event.

Burke highlighted a handful of the many extraordinary groups across the MGH who come together to care not only for patients and families but also for one another.

Through short videos, she highlighted the value of diversity in teams, their contributions to innovation and their generosity in caring for patients at the MGH and across the world in times of crisis.

"Being part of a team can also just be great fun. It creates a good

work environment," Burke said. "We all feel good when we are part of a team. We have each other's backs and all bring our A-game when we come to work. This week as we celebrate Nurses Week together, I hope that you celebrate with your own team. I hope that you'll recognize the important work that you do for patients and families, and that you also recognize the joy and fun that you have being part of those teams." ■



STAR TREATMENT: Allison Marro, RN, of Ellison 17, gets a makeover.

Red carpet ready

"MY AUNT IS A NURSE," says Rose-Laure Teixeira, a freelance Giorgio Armani makeup artist who volunteered as part of a May 8 Nurses Week event at the MGH. "I know how hard nurses work, and sometimes they forget to take care of themselves or even feel guilty about taking care of themselves. Today is a way for us to give back. It's beautiful to make a woman feel beautiful."

Teixeira and a team of makeup artists joined celebrity makeup talent Tim Quinn at the MGH, to pamper more than 140 oncology nurses. Quinn, who is the national director of Creative Artistry for Giorgio Armani Beauty, is also a former MGH Cancer Center patient himself. He has visited the MGH for the last seven years providing makeovers, beauty treatments and swag bags full of goodies.

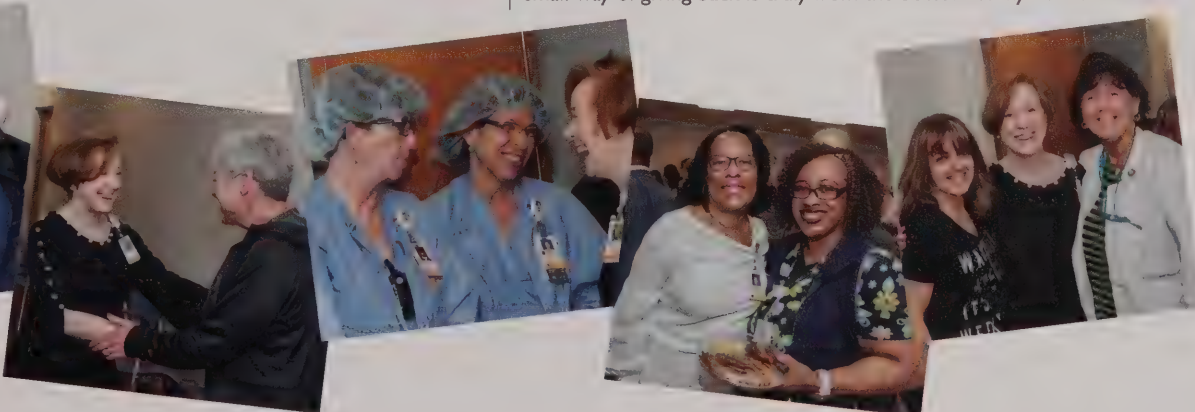
"When my friend Sheila, an infusion nurse, was telling me about working at the MGH, she said, 'You've got to come work at Mass General. Giorgio Armani comes to do your makeup!'" says Suzanne Markworth, RN, now in her second year as a member of the Hematology/Oncology Outpatient clinic team. She knows exactly what Sheila meant.

This year, the goodie bag included a special surprise: a ring created by Claudia Frustaci, a makeup artist turned jewelry designer who was treated at the MGH Cancer Center. Frustaci said her designs are inspired by her treatment and represent the "unique beauty and strength of the woman wearing it."

"Only if you've been behind the closed doors of treatment do you know how emotional it is," Frustaci says. "It takes a very special person to make someone feel protected and safe during cancer treatments. This small way of giving back is truly from the bottom of my heart." ■



NURSES WEEK SCENES: Burke greets MGH nurses at the May 4 appreciation breakfast.



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ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

RESEARCH FINDS DAILY EXERCISE CAN MAKE FOR HEALTHIER, YOUNGER HEARTS

How can we keep our hearts healthy even as we age?

Maintaining heart function requires balancing the loss of heart muscle cells due to injury or aging with the regeneration or birth of new heart muscle cells. But young adults can only renew about 1 percent of their heart muscle cells each year, and that rate decreases with age. In addition, individuals who lose too many heart cells without generating new replacements have a higher risk of heart failure.

Recognizing a need to enhance regenerative capacity of heart muscle cells, a research team based at the MGH, the Harvard Department of Stem Cell and Regenerative Biology, Harvard Medical School and the Harvard Stem Cell Institute sought to test the effects of exercise in increasing cell formation.

They found that, in mice, exercise increased the generation of new heart cells, both under normal conditions and after a heart attack. These findings also may have applications in the human heart, suggesting a heart may be made younger by exercising more every day.

The next step for the team – co-led by Anthony Rosenzweig, MD, chief of MGH Cardiology – is to pinpoint which biological mechanisms link exercise with increased regenerative activity in the heart, with the goal to better understand how these mechanisms could be applied to patient care.

STUDY LOOKS AT OVERDOSE RISK FACTORS IN ADOLESCENTS

With overdoses being among the leading causes of death in youth with substance use disorders, a team of MGH investigators wanted to identify factors that may increase the risk of drug overdose in adolescents and young adults.

The team conducted a retrospective analysis of 200 intake assessments of adolescent patients admitted to the hospital's outpatient Addiction Recovery Management Service. They found that the substance-specific factors most strongly associated with a history of overdose were alcohol use disorder, cocaine use disorder and amphetamine use disorder. Psychiatric conditions including eating disorders, depression and anxiety disorders also were associated with overdose.

Patients with a history of intentional overdose were more likely to have a history of self-harming behavior and inpatient psychiatric treatment.

Amy Yule, MD, of the Addiction Recovery Management Service and the Division of Child Psychiatry, says that, in addition to screening for substance-specific risk factors, these results suggest "it is important that providers systematically screen young patients for overdose histories and for psychiatric factors that may increase overdose risk." ■



Matching gifts

FUTURE FRIENDS: Three members of the MGH Development team had a coincidentally life-changing day May 8, as each welcomed a special gift – three babies born within three hours of one another. Leslee Parker-Sproul, director of Development, at right, had Griffin McCarthy Sproul at 1:35 am, weighing 8 pounds, 10 ounces. In a room down the hall – and less than an hour later – her colleague Carrie Powers, director of Development, at left, brought Charlotte Elysse Powers into the world at 2:30 am, at 8 pounds, 2 ounces. Next up was Leigh Mueller, assistant director of Development, center, with Zoey Nicole Mueller making her debut at 3:55 am, weighing 6 pounds, 7 ounces. "The craziest part of our deliveries is not only that the babies came on the same day, but within a few hours of each other," says Parker-Sproul. Adds Powers, "I'm sure that Griffin, Zoey and Charlotte will be best pals. And perhaps even future colleagues at MGH?"

Tap into myStrength

WHEN TRYING TO MAKE healthy decisions, it may be difficult to know where to start. The Partners Employee Assistance Program (EAP) is committed to helping employees on the path to a healthier life. Recently, the EAP launched myStrength, a free and confidential online resource aimed at improving health and well-being through educational videos, tip sheets and activities.

Looking to relieve stress? View a meditation video. Hoping to improve sleep quality? Start a sleep diary and receive tips to enhance sleep efficiency. Struggling to manage symptoms of anxiety or depression? Set goals and create an action plan, or watch a video lesson about the practice of mindfulness.

myStrength



Managing Depression



Controlling Anxiety



Reducing Stress



Drug or Alcohol Recovery



Managing Chronic Pain



Improving Sleep

The program also features resources for managing chronic pain, helping those in recovery from a substance use disorder and many more topics along the work-life spectrum.

Participants are encouraged to visit the site daily to read inspiring quotes, track their health or connect with others in the myStrength community. myStrength is available to Partners employees and their immediate household members. For more information visit, AskmyHRportal.com. ■

Revere HealthCare Center celebrates centenarian

"I'VE BEEN PARTYING ALL WEEK," said Marie Cavallero, as she sat surrounded by friends and family at her 100th birthday party April 24 at the MGH Revere HealthCare Center. Cavallero is a member of the Senior Wellness Program at MGH Revere. The program dedicated its weekly meeting to celebrate its longtime member and marked the occasion with decorations, balloons, gifts and a cake in the shape of "100" covered in flowers.

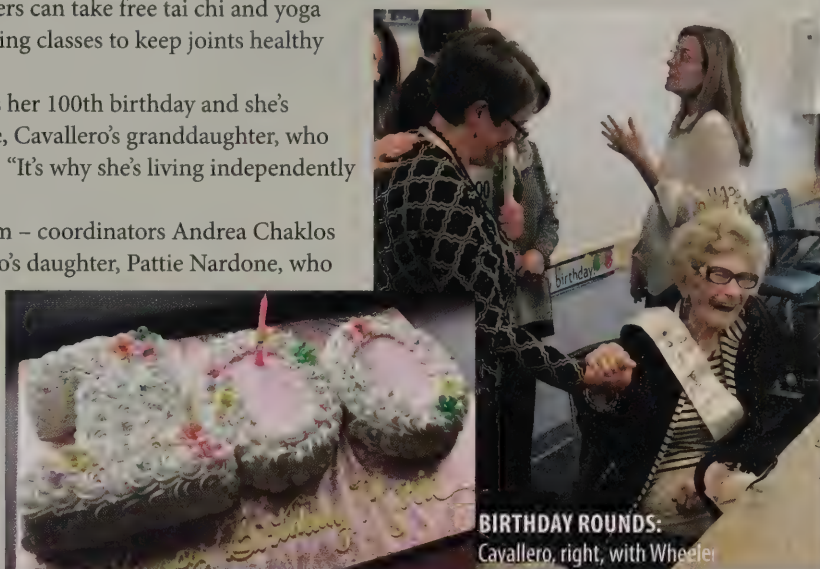
Revere Mayor Brian Arrigio attended the festivities and presented Cavallero with a certificate on behalf of the city. "I don't know how Marie does it," he said. A member of the party was quick to respond, "She never sits still!" to which Cavallero replied, "If you sit too long, you rust."

The Senior Wellness Program shares the same mantra. Members can take free tai chi and yoga classes to keep their bodies in prime condition and strength training classes to keep joints healthy and muscles moving.

"Even today we were pulling up to this party in our car and it's her 100th birthday and she's getting out of the SUV before the rest of us!" said Robyn Nardone, Cavallero's granddaughter, who came from New Mexico to join the week of birthday celebrations. "It's why she's living independently at 100 years old. This program deserves all the credit."

Party guests included members of the Senior Wellness program – coordinators Andrea Chaklos and Mike Lenson, and Patricia Simpson, RN – as well as Cavallero's daughter, Pattie Nardone, who travelled from New Jersey. Other attendees – including Michele McHugh, NP, Cavallero's nurse practitioner; Amy Wheeler, MD, her primary care physician; and Debra Jacobson, program founder and administrative director of MGH Revere – presented a silver "Revere Bowl" to Cavallero as a gift.

"They ask me how I feel," said Cavallero. "How am I supposed to feel? I feel the way I've always felt – only now I'm 100!"



BIRTHDAY ROUNDS:
Cavallero, right, with Wheeler

Have a sun-safe summer

"CHOOSING THE RIGHT SUNSCREEN can help to reduce the risk of skin cancer and early signs of aging by the sun," says Arianne "Shadi" Kourosh, MD, MPH, director of Community Health in the MGH Department of Dermatology.

On April 27, the Department of Dermatology teamed up with the Maxwell & Eleanor Blum Patient and Family Learning Center to provide tips on how to enjoy the summer while protecting one's skin. Amy Sam, Health Education project specialist, and Blum Center interns, Maddie O'Connell and Taylor Shelton, educated attendees about sun safety tips, handed out UV activated key chains and provided visitors with a chance to win a gift tote bag.

During the event, dermatologists also used a portable skin scope to assess sun damage, and taught attendees how to decode sunscreen labels.

"Basically, there are two types of sunscreen, chemical or physical," says Kourosh, who shared the following tips on how to have a sun-safe summer: "Each of these protects your skin differently and contains different active ingredients."

CHEMICAL SUNSCREEN:

- Protects by absorbing the sun's rays.
- May contain one or more of many possible active ingredients, including oxybenzone or avobenzone.

PHYSICAL SUNSCREEN: (often recommended for children 6 months and older or who have sensitive skin)

- Protects by deflecting the sun's rays.
- Contains the active ingredients titanium dioxide and/or zinc oxide.

READ LABELS AND DON'T SKIMP ON THE SUNSCREEN:

- Use SPF 30 or higher.
- Use broad spectrum sunscreen – it can protect your skin from the sun's UVA (aging) rays and UVB (burning) rays, which helps prevent skin cancer.
- Water resistant: Know how long – either 40 or 80 minutes – the sunscreen will stay on wet skin.



RIGHT IDEAS: From left, Hensin Tsao, MD; Michelle MacKinnon; Kourosh and Connie Yang, all of the Department of Dermatology, and Shelton

KNOW WHEN TO APPLY SUNSCREEN:

- **EARLY:** Apply about 20 to 30 minutes before going outdoors.
- **ENOUGH:** Usually use about 2 tablespoons for adults and rub in well. Sprays need to be rubbed in too.
- **OFTEN:** Reapply every two to three hours, and more often if you are swimming, toweling off or sweating.

Sunscreens are available in lotions, creams and sprays.

TREAT YOURSELF TO PROTECTIVE CLOTHING AND SUNGLASSES:

- Look for lightweight shirts, pants and sunglasses with UV protection.

MAKE SHADE YOUR BEST FRIEND:

- When possible, seek shade between 10 am – 2 pm when the sun's rays are the strongest. If there is no shade around, use an umbrella or wide-brimmed hat.

BE EXTRA CAREFUL AROUND WATER, SAND AND SNOW:

- These surfaces reflect the sun's rays, increasing the chance for sunburn. ■

'Make Way' for the new pediatric perioperative suite

MASSGENERAL HOSPITAL FOR CHILDREN (MGHfC) celebrated its newly-renovated Pediatric Perioperative Suite on White 3 – a space outfitted with modern technologies that focus on the pediatric perspective – with a ribbon-cutting ceremony April 16.

"This state-of-the-art pediatric perioperative suite will present a safe and pleasant environment for our pediatric patients and their families," says Erik Shank, MD, division chief of Pediatric Anesthesia.

A glass-printed mural of the iconic Boston Common "Make Way for Ducklings" statue welcomes patients and their families into an expansive waiting room that houses age-appropriate toys, touch-screen tablets and cozy alcoves for seating. A dedicated, quiet space aimed at making the perioperative experience less anxiety-provoking for children with sensory sensitivities and developmental disabilities is located adjacent to the waiting room.

The 21,000-square-foot area – just steps away from the Post-Anesthesia

Care Unit (PACU) – now offers four perioperative bays equipped with interactive LED light boards. The dancing colors, confetti and balloons create a calming distraction for children as they prepare for and recover from surgery.



WARM WELCOME: The unit is outfitted with modern technologies including LED light boards and touch-screen tablets.

Three new pediatric operating rooms incorporate the latest technologies – such as high definition surgical booms that allow for better visualization and increased access to the patient – into all aspects of patient care and increase MGHfC's ability to perform minimally invasive surgeries to improve recovery times.

"MGHfC prides itself on providing our patients with the highest level of pediatric surgical care available anywhere," said Allan Goldstein, MD, MGHfC surgeon-in-chief and chief of Pediatric Surgery. "The perioperative

suite's modernization significantly enhances the experience for children and their families during an otherwise difficult time while giving our exceptional clinicians access to the latest advances in surgical care." ■

Paws and pedi on patrol

BADGES AND SIRENS were abundant on the Bulfinch Patio May 17 as children gathered to explore emergency vehicles and meet the personnel who operate them at the PUPP on the Patio Touch-a-Truck event. The hands-on event was sponsored by the newly formed PUPP (Police Uniting with Pediatric Patients) program – a collaboration between MGH Police, Security and Outside Services and MassGeneral Hospital for Children's (MGHfC) Child Life Program – aimed at fostering relationships between patients and police.

The PUPP program started as part of MGH Police, Security and Outside Services' community policing efforts. "If our officers are called to a floor, there is almost always something stressful happening," said Kristen Bolognese, MGH police officer and program co-developer. "Instead, this event is something fun that gets patients out of their hospital rooms and hopefully makes them feel a

little less sick and a little more comfortable with us."

Attendees – including patients, community members and employees' children – were greeted by Perky, from the Chelsea K-9 Police Unit, and McGruff the Crime Dog. They explored an MGH police cruiser, a Boston EMS ambulance, a Boston Fire Department fire engine and Chelsea Police motorcycles. Children sat inside the vehicles to honk horns, push buttons and have their photos taken. Crayons and police-themed coloring pages allowed the youngsters to decorate figures in uniform and draw their own badge designs. Popcorn and cotton candy were handed out by MGH Police officers.

"The goal of a Touch-a-Truck is to make kids more familiar with emergency vehicles and first responders," said Shaun O'Halloran, MGH police officer and program co-developer. "We want kids to realize that we are friendly and here to help. Many local communities hold Touch-a-Truck events. This event gives our patient community, especially our inpatient community, a chance to attend one that they might not otherwise be able to attend in their own communities."

MGH police officers also brought cotton candy and popcorn to the pediatric floors as a special treat for those who could not attend the event.

PUPP program staff plan to host bimonthly events for inpatient MGHfC patients and families. ■



RIDING HIGH: Attendee sits on a motorcycle with Chelsea police officer.



MAN'S BEST FRIEND: Joaquim Aguiar and Perky.



05.25.18

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



VETERAN VOLUNTEERS:
The Walk of Many Soldiers
and Sailors, held on
Boston Common.

Memorial Day: A sacred reminder to honor the fallen

MEMBERS OF THE MGH Military Veteran Partners (MVP) joined 700 volunteers May 23 on a sun-filled Boston Common to help plant thousands of flags honoring the sacrifices of fallen soldiers.

"These flags are a recognition of those who have fallen before us, a recognition of our community standing together," said Francisco Ureña, secretary of the Massachusetts Department of Veterans' Services, who spoke during a brief ceremony before the flag planting began. "Most importantly, it serves as a recognition for those who have forgotten the true meaning of Memorial Day. Let us all live our lives worthy of their sacrifice."

Organized by the Massachusetts Military Heroes Fund, the Boston Common Memorial Day Flag Garden is planted annually – solely by volunteers – in front of the Soldiers and Sailors Monument. Each flag represents a Massachusetts service member who gave his or her life defending the country since the Revolutionary War. There are 37,268 flags.

"Today's flag planting meant a lot to me," says Cheryl Brown, of Human Resources and MVP member. "It was great to see so many people coming together, taking time out of their busy lives to remember the sacrifice of the comparatively few who died to protect liberty for all. Memorial Day serves as a sacred time to reflect and remind ourselves to be grateful."

(Continued on page 4)

From the MGH Archives: Memorial plaque

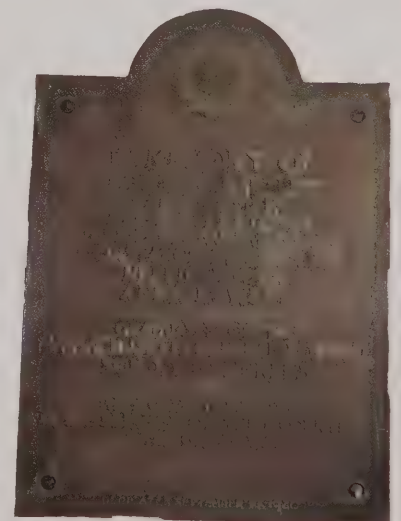
THIS BRONZE PLAQUE is dedicated to the memory of seven MGH nurses who gave their lives in service of their country in World War I.

In Memory Of
Frances E. Bartlett
Mary F. Emery
Lucy N. Fletcher
Jessie Brown Jaggard
Constance M. Sinclair
Anna E. West

*Graduates of the Massachusetts
General Hospital School for Nurses*

*They gave their lives in the service
of their country in the Great War.*

Dedicated September 10, 1920



Keep the ticks off: Tips for protecting yourself

THE LATE SPRING AND EARLY SUMMER are great times to get outside and hike, play sports or barbecue with family and friends. Just remember, some uninvited guests may show up at your party – ticks like this time of year, too.



HARRIS

Ticks are parasites that can transfer diseases, like Lyme disease, when they bite people. In the Northeast, Lyme disease is a major concern. It can cause fever, headache, fatigue and rashes. Serious complications include arthritis, heart palpitations and loss of facial muscle tone.

N. Stuart Harris, MD, chief of the MGH Division of Wilderness Medicine and director of its wilderness fellowships, shares tips on how to have fun while also being mindful of ticks.

PREVENTION

Unlike mosquitoes, ticks are active all day and night. But a few simple tricks can reduce the risk of getting a tick-borne disease.

- Create a barrier. Wear long-sleeves and pants and tuck your pants, into your socks. Ticks tend to latch on around the foot and ankle and slowly crawl up your body.
- Use DEET-containing insect repellents. The range of 12 to 25 percent should be sufficient. Read the label. DEET is OK to use on children, but not on infants.
- Clean up your yard. Remove leaves that are decomposing and keep the grass cut short.
- Perform tick checks when you, your children and pets come inside. Check the entire body. Look in the hair at the top of the head, in and around the ears, the armpits, in the belly button, behind the knees, between the legs and at the waist. Have loved ones examine difficult to see areas. Take a shower. Check clothes and backpacks and tumble them in the dryer.
- Talk to your veterinarian about protecting pets.

TICK REMOVAL

Don't panic. Removing a tick within 24 hours reduces the chance of contracting a disease.

- If you are outside and the tick has not bitten you yet, simply flick it off.
- If the tick has attached itself to you, grab a pair of clean tweezers. Grasp the tick close to your skin surface and pull upward—slow and steady. Clean the area and your hands with soap and water and/or rubbing alcohol. Then, either flush the tick down the toilet or save it in a sealed bag for your doctor.
- Call your doctor, especially if you think the tick may have been on you longer than 24 hours. Antibiotics are effective in preventing Lyme disease, but must be taken soon after the bite.
- If you are on Nantucket or Martha's Vineyard, call your doctor. These places are epicenters of Lyme disease. Your doctor may be more likely to recommend that you take an antibiotic.
- Watch for signs of infection, including fatigue, rash and fever. ■



CREEPCRAWLERS: The black legged tick, or deer tick, is known to spread Lyme disease. The above is engorged after eating a meal.

Asthma awareness: Get to know seasonal triggers

WITH THE ARRIVAL OF SPRING comes fresh blooming flowers, greener grass and leaves growing on trees. But what also arrives is pollen – a common trigger for allergies that can lead to over-inflamed ear, nose and throat passages – which may be especially troublesome for individuals with asthma.

"It is always important for an asthmatic to understand their triggers and problem months," says Erik Hinderlie, director of the Pediatric Asthma Education program at the MGH Chelsea HealthCare Center. "Spring is one of those times there tends to be a spike in ER visits for people with asthma."

KNOW YOUR TRIGGERS AND TRIGGER MONTHS

"Pollen is a potent trigger," says Hinderlie. "Your immune system overreacts to the allergic reaction which causes swelling in the ear, nose and throat area. This over-inflammation is what triggers the asthma to flare up."

Allergy medications are most helpful during these months, as they help control the inflammation, Hinderlie says, noting many find it helpful to start taking this medication throughout



EXPERT EDUCATION: Hinderlie hosts an Asthma Awareness table at MGH Chelsea, with informational handouts, suggestions for non-toxic cleaners and examples of inhalers and spacers.

May, or at peak allergy times, which can help keep asthma from flaring up.

For pediatric patients, the end of summer may be another peak time for ER or doctor visits. "End of August, early September when school is back in session can be very challenging because viruses and colds tend to trigger asthma," says Hinderlie. "When your children go back to school, they are with a bunch of other kids and germs spread more easily. One kid sneezes and everyone can be affected."

Patients should take care to wash their hands and monitor their symptoms. Hinderlie also recommends patients visit with their care team in August for a "tune-up" to know what to look out for before going back to school and hitting the next peak asthma season.

USE CONTROLLER MEDICATIONS AND SPACERS

Inhaled corticosteroids are commonly used to keep asthma in control and are the active ingredient in many anti-inflammation medications. The inhaled steroid relaxes the airway muscle and keeps it open. "With asthmatics, the airways are

50 years of PET imaging history meets the future

INSIDE THE ROOM sits a sleek white machine, recognizable as a large medical imaging scanner. Computer monitors in the control room look out upon the scanner. Outside the room sits a seemingly less-familiar, less hi-tech object. It looks like a blue hula hoop – with one half sitting inside a copper stand and a glowstick-like object attached to the outer curve of the hoop – on wheels. A sign hanging from it reads: “Physics Research.”

The hoop – known as a D-hoop – was used in the first MGH cyclotron, a type of particle accelerator used to create radioactive particles needed for positron emission tomography (PET). Fifty years ago, that hoop was a central part of the new technology. Upon his retirement, Gordon Brownell, PhD, was given the D-hoop in appreciation for his work in establishing the MGH as the world leader in PET.

It was fitting that this integral historical piece was on display during an April 13 ribbon-cutting celebrating the Gordon Center for Medical Imaging’s opening of a new imaging suite in the Edwards Building and the launch of its GE- Discovery MI PET/CT dedicated for research.

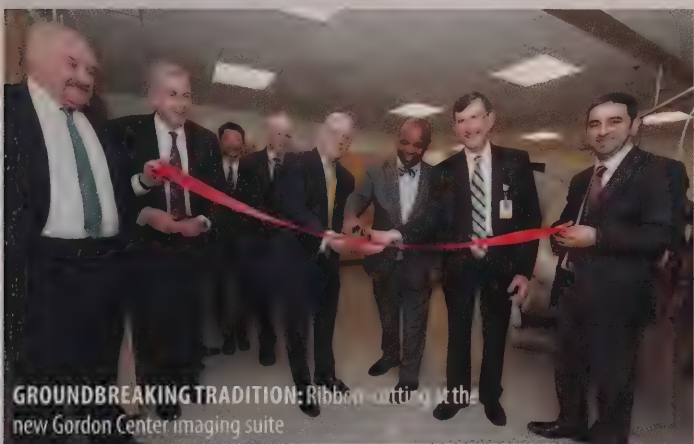
“We are very excited about the new research PET/CT scanner located proximate to the cyclotron and radiochemistry labs in the Edwards Basement,” said James Brink, MD, MGH radiologist-in-chief. “Through the GE-MGH research collaboration that made this possible, we expect to further advance our understanding of health and disease with molecular imaging.”



PET TECH FROM THE PAST: The D-hoop of the original cyclotron at the MGH

The day-long celebration included opening remarks by Brink and his predecessor, James Thrall, MD, followed by presentations highlighting the history and advances in imaging technology at the MGH Gordon Center. The event also was attended by John Flannery, GE CEO, and O’Neil Britton, MD, MGH chief medical officer and senior vice president.

“Fifty years after the installation of the first cyclotron at MGH, the Gordon Center perpetuates the PET imaging research tradition of the hospital with the support of two generations of researchers including some of the earliest pioneers who are still working at our center,” said Georges El Fakhri, PhD, director of the Gordon Center.



Office Supply and Recycle event

OFFICE SUPPLY SWAP AND RECYCLE EVENTS

enable departments to reduce waste and save on costs by trading in their new and unused supplies for the new and unused supplies of other departments.

This year, the swap will take place:

- **May 31, Charlestown Navy Yard 149, Conference room A:**
9 - 11 am: Drop off old items
12 - 2 pm: Pick up new items
- **June 14, MGH Main Campus, Bulfinch Tent:**
9 - 11 am: Drop off old items
12 - 3 pm: Pick up new items

All attendees must present an MGH ID to participate. Recycled supplies will be available on a first come first served basis, and are intended for use at the MGH. All items left at the end of the day will be donated or recycled.

For more information, including detailed lists of accepted items, visit apollo.massgeneral.org/recycle/.

usually twitchy and likely to swell. These inhaled steroids keep the airway from swelling and keep it open,” says Hinderlie. Patients usually use two puffs of the inhaler, twice per day. “It’s very easy to do and can prevent the worst things that can happen with asthma.”

It is highly recommended – even with adults – to use a spacing device with the inhaler. The device is a plastic tube that directs the medications directly into the airways, and some inhalers feature a built-in spacer. Without a spacer, it is difficult to receive the full dose since the puff will instead stay on the throat, tongue or mouth, Hinderlie says.

HAVE AN ACTION PLAN HANDY

“An action plan is guidance for the patient – and their family – at home,” says Hinderlie. “This treatment plan can be kept on the refrigerator for easy reference, allowing for early action when you notice your symptoms worsen to prevent asthma from getting worse.”

Set up like a stop light, the action plan has three zones:

- **GREEN** zone: This shows what medications to use to remain healthy. The patient’s controller medications are indicated here.
- **YELLOW** zone: “This is the hold up, let’s check what might be happening zone,” says Hinderlie. Here, a person could be experiencing coughing, chest tightness or wheezing and it is recommended to start using albuterol – a bronchodilator sometimes used as quick asthma relief or in conjunction with an inhaled corticosteroid – while continuing green zone medication.
- **RED** zone: Stop and assess your child. In this zone, Hinderlie says, patients should begin to take albuterol every two hours and call for medical attention. Still continue using green zone medications and, if you have it, take prednisone as well. “If your symptoms are pretty serious and feel like you can’t breathe, getting medical attention is paramount.” ■

Sprinkle of thanks

BOTH SIDES OF THE Bulfinch Tents were bustling May 24 at the annual Research Staff Appreciation Day event. More than 2,000 research staff members – including lab technicians, research coordinators and technologists – were invited to enjoy a picnic-style lunch, ice cream and raffles for tickets to the Museum of Science. Bowls of ice cream were scooped by volunteers from the research community and topped with whipped cream by Harry Orf, PhD, senior vice president for Research, pictured below.



Sue Slaughaupt, PhD, scientific director of the MGH Research Institute, thanked the staff saying, “You are a vital part of the research we do here. Every day your work is an important contribution to the remarkable research enterprise at MGH.”

Added Maurizio Fava, MD, director of the Division of Clinical Research, “Research is a team sport. Teamwork is what makes the terrific strides made here in research possible. Just like the Boston Celtics showed last night in game five of the NBA Eastern Conference Finals! Our principal investigators rely on a daily basis on the critical role research staff plays in their projects. I am proud to be part of an institution that values research very much and that shows a genuine appreciation for our research staff.”

Earlier in the week, research staff at the Charlestown Navy Yard enjoyed a similar event. Both were sponsored by the Office for Research Career Development.

– Memorial Day

(Continued from page 1)

The Flag Garden will remain up through the evening of Memorial Day to honor and remember the fallen soldiers and pay tribute to their families.

“It is an honor to participate in the Flag Garden, but let us remember that it is the brave men and women who these flags represent and who we owe thanks for the freedoms that allow us to be here today,” says Christine Cugini, MGH Development coordinator and MVP co-president. “I wouldn’t want to be anywhere else today.” ■

Picturing a leader

BETSY NABEL, MD, president of Brigham Health, was the featured speaker during the 10th annual Nancy Tarbell, MD, Faculty Development Lectureship Series May 9, sponsored by the Center for Faculty Development. This lectureship was established to provide career advancement and professional development insights from highly regarded leaders to MGH faculty. In her presentation, “Picture a Leader: Is it You?” Nabel focused on the disparity between the number of male and female leaders in health care and what changes need to be made to provide more women and underrepresented minorities a seat at the table.

“When we look at leaders we ask ourselves, ‘Does this person fit the image I have in my head?’” Nabel said. “When asked to describe a leader, people almost always describe a male and use male-related language. This is an example of confirmation bias. We want the idea in our heads to match the potential leader. We are evaluating based on a stereotype rather than reality.”



LEADING BY EXAMPLE: From left, Anne Kilbanski, MD, chief academic officer at Partners HealthCare and chief of the MGH Neuroendocrine Unit; Tarbell; Nabel and Peter L. Slavin, MD, MGH president.

Nabel highlighted the need for more women in leadership positions, noting that, although women are finding more overall representation in academic medicine, the ratio continues to lag at the leadership level. She discussed data gathered by Harvard Medical School and Harvard Dental School in which the breakdown by gender is about 50-50 at the instructor level, but at the full professor level only 17 percent are women. She also highlighted recent statistics featured in the journal *Nature*, which reported that although 54 percent of editors were women, only 18 percent of scientists profiled were women and only 19 percent of commissioned articles had a female author.

To combat confirmation bias and other prejudices that can keep women from leadership positions or opportunities, Nabel emphasized the importance of sponsorship. She encouraged both men and women to publicly support the advancement of those with untapped leadership potential even if they do not match the “established image” of leaders. “Encourage female colleagues or others that are underrepresented in leadership roles to chair committees, join editorial boards, apply for promotions, join professional groups and take leadership classes,” she said.

When taking advantage of these opportunities, Nabel added, “It is important to engage and step up to the plate. Make mistakes, volunteer and make your interests and passions known. Don’t wait to be a leader. You’re a leader now.” ■



Patient gives emotional thanks at Stroke Gala

METHUEN RESIDENT GASPAR “BUD” INTERRANTE loves to fish, play golf and spend time with his four grandchildren. Although Interrante, 62, leads an active life, he has experienced some challenges. Interrante lives with Crohn’s and Parkinson’s disease, and in December 2017, he hit another bump in the road.

While in the MGH Emergency Department (ED) for dehydration and diarrhea, Interrante began showing signs of having a stroke, including slurred speech, numbness on his left side and droopiness on the left side of his face.

Interrante recalled hearing his wife yell, “My husband’s having a stroke!”, but that was it.

“I don’t remember much after that, but I do know it took about two heartbeats for a full team to show up,” Interrante said during his emotional testimony at the sixth Annual Stroke Breakfast Gala, May 25. “I was taken to the OR and woke up in the ICU. I remember seeing my beautiful wife and family. Even though I lost most of the function in my left side, I knew I would beat this new inconvenience and test in our lives.”



When it comes to stroke care, “time is brain.” Every moment is crucial in treating stroke patients because the more swiftly they are diagnosed and a specialist administers tPA, a blood clot-busting drug, the less likely they are to have long-term disabilities and further complications.

“With every passing minute, 1.9 million brain cells are estimated to die,” says Natalia Rost, MD, director of the MGH Stroke Service and associate chief of the Stroke Division. “Giving IV tPA so swiftly has certainly contributed to preserving Bud’s brain and ensuring a good outcome.” This also serves as a bridge therapy until the clot is definitively removed.

During Interrante’s story at the breakfast gala, which honored him, his family and the entire MGH care team, he explained how his care enabled him to go home and see his new granddaughter, who was born shortly after he experienced his stroke.

“After two days in the ICU and three more on the seventh floor, I progressed enough to go home and see a new year with my family,” Interrante said. “Due to this amazing staff – nurses’ aides, therapists and doctors – I was able to see my
(Continued on page 4)



International studies: McGill University exchange program

“**THE GRAND HISTORY OF MEDICINE** is filled with the exchange of ideas and experiences between visiting academics and practitioners,” says Jeffery Semaan, MD, CM, assistant professor of Medicine at Harvard Medical School (HMS).

It was this idea that led to the creation of the annual Semaan Harvard-McGill Medical Student Exchange, a mirror program where McGill University Medical School students visit Boston, and subsequently HMS students visit Montreal. On May 11, for the third year in a row, six students from McGill began their three days in Boston. Their visit included a visit to the historic Ether Dome at the MGH – a yearly favorite – as well as a trip to the CASPAR Emergency Services Center in Boston.

“The people there are a huge patient population, and the visit was really eye opening,” says Lila Haj-Ahmad, a McGill medical student participant, of the visit to the homeless shelter, which provides lifesaving services to people who are homeless and have a substance use disorder. “This is something that I think every medical student should see and experience.”

A lecture about U.S. health reform and the Affordable Care Act was another part of the series of lectures and visits that stood out to the students.

“It was interesting discussing the health care system and why things are designed the way they are,” says Stefka Dzieciolowska, a McGill medical student participant. “There are so many factors at play beyond what the patients need. Drawing parallels between the Canadian system and other countries and discussing areas of improvement was really thought provoking.”

The students then paired up with their HMS cohorts to spend the remainder of their weekend with them. “The students pair up to share their experiences in medical school, but even more importantly, to share their experiences studying under different medical systems and cultural circumstances,” says Semaan.

(Continued on page 4)

Profiles in Education: Ann Jampel, PT, MS

This profile is part of a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

Ann Jampel, PT, MS, education coordinator Physical and Occupational Therapy Services, shares her experiences.



WHO DO YOU TEACH AND WHAT DO YOU HOPE THEY LEARN FROM YOU?

My primary responsibility is the training and professional development of Physical Therapy and Occupational Therapy clinical instructors and mentors. Over time, I have come to learn that there is a skill set to serving as a clinical teacher that goes beyond the "science" of learning theory. It involves a dynamic

decision-making process where the clinical instructor is engaged in determining what the learner may need to safely and effectively – and ultimately creatively and efficiently – provide the patient with what they need. My role is to help these instructors develop these teaching skills as a parallel process to ongoing decisions about patient care. It has been a privilege to work with staff and see them analyze, practice and evolve their clinical teaching skills.

In the last few years, I have been involved with an interprofessional group from the MGH and the MGH Institute of Health Professions that has developed and implemented an interprofessional model of clinical education on Ellison 8, Bigelow 11 and Ellison 12.

WHAT MAKES YOU MOST PROUD OF YOUR WORK AS AN EDUCATOR?

When I interviewed at MGH more than 30 years ago, the first interview question was: "Our current staff find students a real challenge, even a burden and most don't enjoy working with them. What will you do to change that?" After talking with them and analyzing a bit of the "why" behind this, we put together a training program for clinical instructors to help them meet these challenges. Over time, staff have come to better balance the responsibility and rewards of being a clinical teacher. Today, staff seek me out to inquire about how soon they might be assigned a student.

TELL US ABOUT A MAGICAL TEACHING MOMENT.

Recently I was working with an instructor and a student, and prior to seeing the patient, I asked the instructor what they hoped to see this student do during the treatment? The instructor was silent but after a few seconds said, "I know this patient and they will most likely present some behavioral challenges for this student. I think they are ready for this challenge, and I would like to see evidence of her listening to the patient and using the information to guide her decision making." At the conclusion of the session, the clinical instructor was able to help the student see where this had happened successfully and where additional probing of the patient might have been helpful. It was impressive to see this instructor analyze what the student needed, both from an interpersonal and cognitive perspective, and then focus her feedback to meet this need. The student left the interaction feeling positively about her progress and with things to reflect on for the future.

WHEN PATIENTS HEAR THE WORDS "TEACHING HOSPITAL," WHAT DO YOU THINK COMES TO MIND? WHAT DOES IT MEAN TO YOU TO WORK AT A TEACHING HOSPITAL?

A patient often chooses to come to an academic teaching hospital for assurance that the individuals providing their care are knowledgeable and experienced in the most current health care practices. I am not sure that they always know that they will meet team members who are in progressive stages of learning. In my experience, the best of a teaching hospital is working with an interprofessional team that is committed to understanding the complex needs of patients and works together to seek creative solutions to meet their goals of care. The whole is greater than the sum of its parts.

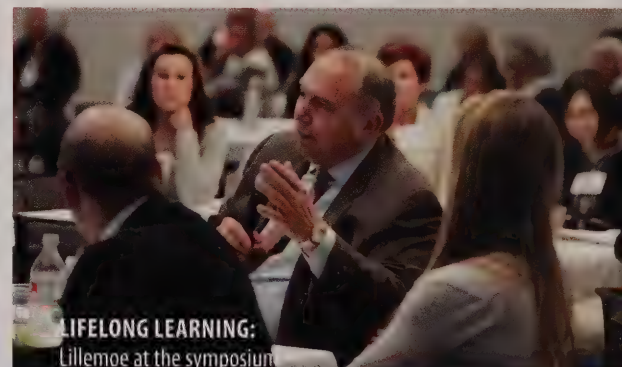
WHAT DO YOU WISH EVERYONE KNEW ABOUT EDUCATION AT THE MGH?

I wish that all students entering the MGH better understood the impossibility of knowing everything that they will need to manage every aspect of their patients' care. I have seen more than one student experience an epic sense of "failure" when they don't meet their own expectations and need to ask for help. Developing a sense of resilience is critical for the development of any clinician. I am humbled on a daily basis with the complexity of the questions that staff are trying to answer to meet their patients' needs. ■

Health care education at the MGH

ON MAY 21, 125 members of the educator community at the MGH gathered for a day-long symposium focusing on interprofessional health care education. Sponsored by the MGH Executive Committee on Teaching and Education (ECOTE), the event started with opening remarks by Keith Lillemoe, MD, chief of Surgery and ECOTE chair. International, national, regional and local faculty spoke on topics such as interprofessional learning and collaborative practice; teaching strategies for multigenerational workforce; diversity and inclusion in health care education; and a hands-on workshop for creating learner-centered presentations. The keynote presenter – Ian Curran, vice dean of Education at Duke-NUS Medical School in Singapore – stressed the importance of teaching for the point of excellence, not just competency in health care education.

"The ECOTE Symposium is great because it brings the multidisciplinary health care team together with a common interest," said Maureen Hemingway, DNP, RN, a nursing practice specialist who attended the symposium. "To spend a day immersed in education topics that are current and relevant makes it a memorable day. I have already incorporated ideas that I learned there into my practice." ■



LIFELONG LEARNING:
Lillemoe at the symposium

Injectable opioids shortage: Talking points for patients

THE MGH AND HOSPITALS throughout the country continue to grapple with the injectable opioid shortage. In the coming days and weeks, patients, families and caregivers may ask about the nationwide opioid shortage. Here are some important talking points to help provide an overview of the situation at the MGH.

Q: I'VE HEARD THERE IS A SHORTAGE OF PAIN MEDICATION. IS THIS TRUE?

A: Yes. There is a shortage of one type of pain medicine. Opioid pain medicines that are given by a needle or directly into a vein are in short supply. Other types of pain medicines are not affected.

Q: WHAT PRODUCTS ARE AFFECTED BY THE SHORTAGE?

A: All opioids given by a needle or into a vein may be affected. Some of the names of these medicines are fentanyl, morphine and Dilaudid (hydromorphone).

Q: ARE THERE OTHER PAIN MEDICINES THAT ARE NOT AFFECTED BY THE SHORTAGE?

A: Yes. There are other types of non-opioid pain medicines that can be given by a needle or into a vein. Opioid medicines in pill or liquid form that can be swallowed are also not affected.

Q: WILL THIS SHORTAGE OF INJECTABLE OPIOID MEDICATIONS AFFECT MY TREATMENT PLAN?

A: It may. Our top priority is to provide you with the highest quality care. That includes helping you with your pain. Hospital experts have plans in place to use pain medicines that are not in short supply whenever possible. We will always check with you to make sure the pain treatment plan is working for you. If you have any concerns about the medicine you are getting, ask a member of your care team.

Q: HOW LONG IS THE SHORTAGE EXPECTED TO LAST?

A: The shortage may last for several months or longer. Please know all care teams throughout the MGH are working to make sure you will continue to get the best possible care. ■



Pain is a physical and emotional experience; a natural part of birth, illness, injury and the healing process.

Creating a Personalized Plan for Your Relief

- We will listen to you, evaluate your pain, and work with you to personalize a safe pain management plan.
- We will recognize that pain can be worsened by the nervous system and emotional energy; doing things to calm the mind and body often help as part of a complete pain treatment plan.
- We will provide information about pain and available management options.
- We will work as a team to evaluate, manage, and when possible, prevent pain.



MASSACHUSETTS
GENERAL HOSPITAL

Biothreat trainings provide year-round education and preparation

IN 2015, THE MGH was one of 10 hospitals in the country designated by the U.S. government as a special regional center to treat Ebola and other highly infectious diseases. Throughout the year, the MGH Biothreats Response Team continues to conduct educational exercises and training sessions, including sessions that refresh team members' skills on properly donning and doffing personal protective equipment (PPE), as seen here, during this full-scale drill last December.

"With a growing number of Ebola virus disease (EVD) cases being reported in the Congo this year – including 25 deaths – we are glad that we have this robust program, and we are continuing to work with team members to make sure they are always up-to-date with current best practices and the latest knowledge in this field," says Monica Staples, RN, clinical nurse specialist in Emergency Preparedness and PPE training manager for the EVD response program. "While the current risk for Ebola cases in Massachusetts remains very low, it is important that the staff within the MGH who are trained to respond to this challenging disease always feel educated and prepared."

For more information about the EVD Response Plan, the MGH Hazmat Team and other Emergency Preparedness efforts visit, apollo.massgeneral.org/emergencypreparedness.



PRACTICE MAKES PERFECT:
MGH staff refresh their skills.

CDI graduation celebrates sense of community

THE MGH CENTER FOR DIVERSITY AND INCLUSION (CDI) hosted its annual Gala and Graduation May 11 at the Royal Sonesta Hotel in Cambridge, celebrating 43 graduates underrepresented in medicine across all MGH training programs. The event included remarks by CDI leadership members Elena Olson, executive director; Winfred Williams, MD, co-chair of the advisory board; Sherri-Ann Burnett-Bowie, MD, associate director; as well as remarks by Peter L. Slavin, MD, MGH president, and Tim Ferris, MD, MGPO CEO.

"The first word that comes to mind when I think about CDI and the Resident and Fellow Committee (RFC) is family," says Utibe Essien, MD, a general medicine fellow graduate and past RFC chair. "From the welcome barbeque, to the community service events, to the mentorship offered through the CDI, my residency experience was transformed by being part of this family."

The CDI sponsors groundbreaking initiatives and award-winning programs ranging from a summer research program for college and medical students, to a vibrant resident and fellow committee, to faculty development awards and cross-cultural education and trainings. "One of the most important things CDI does is to provide opportunities for trainees and faculty, such as the CDI Gala and Graduation, to connect with each other and create a sense of community," says Olson. ■



A NIGHT TO REMEMBER: The CDI graduates with members of MGH and CDI leadership

— Stroke

(Continued from page 1)

grandchildren, including a new 9-pound granddaughter born Jan. 3."

But the coast wasn't clear yet for Interrante. On Jan. 29, he received a call from the Cardiology Unit at the MGH explaining he needed to rush to the ED to receive a pacemaker. Specialists detected an issue through a heart monitor he had been wearing for 30 days.

Interrante plans on getting back on the golf course this summer and spending ample time with his grandchildren.

"From the bottom of my pacemaker-assisted heart, I'd like to thank you all," Interrante said. "Not just for saving my life, but for giving me my life back. I am as good, if not better, than before my stroke." ■

— McGill

(Continued from page 1)

"It is during this time they can further learn from, and share with each other, their experiences of medical school, their city, their country and their culture."

On May 31, six HMS students traveled to Montreal with Semaan — who earned his medical degree from McGill — to learn about McGill Medical School, Canada's medical and insurance system and to spend the weekend with their Canadian counterparts.

"Medical school can be a lonely and isolating endeavor on many levels," Semaan says. "I wanted to address the isolation of ideas and culture. Medical training in any institution, no matter how universal one may think the science may be, can be fraught with institutional bias. What I hoped for was an exchange of ideas and experiences between these two institutions between cohorts that would otherwise not be exposed to each other."



MGH HOTLINE

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NO DAYS OFF: Gottlieb, at right, with a colleague in Afghanistan.



'I woke up in Afghanistan':

One MGHer's deployment experience

A special event was hosted June 5 by MGH Human Resources and MGH Military Veteran Partners in the O'Keeffe Auditorium for Andy Gottlieb to share about his recent deployment in Kabul, Afghanistan.

ON MAY 27, 2017, Andy Gottlieb attended his daughter's graduation from West Point. Two days later, he shipped out to Kabul, Afghanistan, where he was deployed for 351 days as part of Operation Freedom's Sentinel and Resolute Support.

Gottlieb, NP, FNP-BC, a lieutenant colonel in the U.S. Army Reserves and director of MGH Occupational Health – who joined the Reserves in 1992 – served as acting commander of the Hamid Karzai International Airport Coalition Hospital, a Role 2 NATO hospital for

trauma and resuscitation care.

"My job here – and there – is to make sure people can do their jobs in a safe and healthy way," says Gottlieb, who returned to the MGH in April. "Among many differences, though, was as hospital commander I was on call 24/7. I slept with my phone under my pillow – I needed to always know what was going on. Over there, there are no days off."

Included in his many responsibilities as hospital commander, Gottlieb sent daily reports to his superiors, organized weekly presentations, managed personnel, dealt with equipment supply issues – like when an air conditioning unit in the hospital broke during the summer – and, (Continued on page 4)

New plain language emergency codes introduced

CLEAR, CONCISE AND CONSISTENT COMMUNICATION is key during any emergency. As part of the MGH's ongoing efforts to improve and strengthen its emergency program, a new set of plain language codes has been implemented.

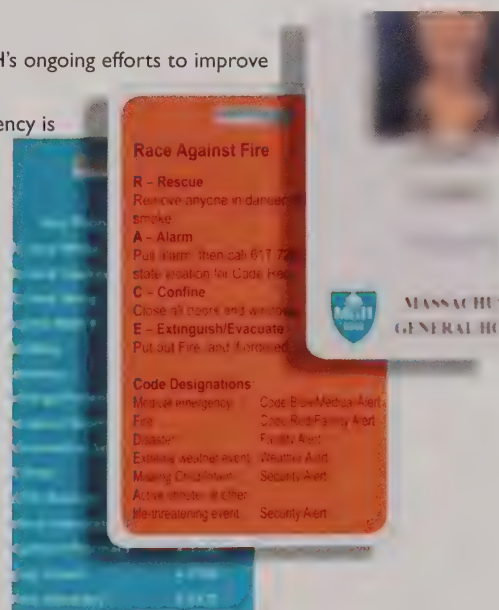
"This new structure enables our staff, patients and visitors to more quickly understand that an emergency is occurring," says Paul Biddinger, MD, director of the Center for Disaster Medicine and vice chairman of Emergency Preparedness. "It also clearly states what they need to do, such as avoid or evacuate a certain area or be on alert for a missing infant or child. We believe this system will ensure that staff, patients and visitors immediately receive the information they need in an emergency without ambiguity."

The new standardized language follows a national best practice model and is the result of an in-depth review of emergency practices of health care institutions throughout the country. The MGH Emergency Preparedness team also collaborated with other Partners HealthCare institutions to develop the structure to ensure consistency across the system.

"The former code system included the use of colors to differentiate emergencies, which were found to cause confusion," Biddinger says. "Because there is no set of universal color codes, hospitals were using different colors to represent different situations. Instead, the new alert type is now divided into four categories – Security Alert, Weather Alert, Facility Alert and Medical Alert."

Employees are encouraged to pick up an updated orange emergency card – to be worn with their MGH ID badge – weekdays from 7:30 am to 5 pm at Police, Security and Outside Services on Wang 2.

For more information, visit apollo.massgeneral.org/emergencypreparedness.



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ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

MGH INVESTIGATORS ON THE CUTTING EDGE OF ALS RESEARCH

Lou Gehrig's disease – or amyotrophic lateral sclerosis (ALS) – is a debilitating neurodegenerative disorder that impacts motor neurons in the brain and the spinal cord. Eventually these nerve cells die, affecting a patient's ability to move, eat, speak and breathe.

While there is currently no cure for ALS, researchers at the MGH Neurological Clinical Research Institute (NCRI) are taking a team approach to tackling the disease in the hopes of identifying ways to slow or reverse progression.

The team of more than 60 staff members is dedicated to developing, facilitating and conducting multicenter clinical trials in ALS and other neurological diseases. They use a combination of technological applications, brain imaging and genetic insights to advance the development of new ALS treatments and improve clinical trial methodology.

Technological applications

James Berry, MD, MPH, of the NCRI, says speeding up the clinical trial process involves identifying and tracking measurable biological indicators of disease progression, known as biomarkers, at the beginning and end of a trial to gauge a drug's effectiveness.

He is seeking to identify new biomarkers by integrating mobile technology into his research. Berry and NCRI colleague Sabrina Paganoni, MD, PhD, are using a cellphone app to collect real-time information on ALS patients' behavior, function and strength. The app tracks a patient's daily movements, providing insight into behavioral changes which could indicate disease progression.

Berry is working with Jordan Green, PhD, CCC-SLP, a speech language pathologist at the MGH Institute for Health Professions, to use voice recordings to measure and track changes in patients' speech.

And, Berry and Paganoni are using technology to improve patient care in the short term. For example, Paganoni is collaborating with Conor Walsh, PhD, from the Wyss Institute at Harvard University, on a wearable robotic glove that can assist patients with basic motor functions, such as helping them open and close their hands.

Brain imaging

New techniques for imaging the brains of ALS patients could also vastly reduce the time and costs required for clinical trials, while also improving the accuracy of study results.

Nazem Atassi, MD, of the NCRI, and his team have developed a new imaging protocol, using an injectable radioactive tracer called PBR28 to measure neuroinflammation in the motor cortex of ALS patients. The motor cortex controls voluntary muscle movements and is the area of the brain most affected by the disease.

The new protocol can reduce the number of patients needed for a clinical trial from 400 to 30, shorten the duration of the trial from one or two years to two or three months, and provide an objective biological measure of treatment effects.

Genetic insights

Although hereditary forms of ALS only account for 10 percent of all cases, Katharine Nicholson, MD, of the NCRI, believes studying these patients may help identify the earliest molecular and clinical signs of the disease.

Nicholson has launched a multicenter study that tracks the first-degree relatives of individuals with a familial form of ALS who do not yet show symptoms of the disease. The overall goal of the study is to gather information that can inform new treatment strategies and timelines for familial ALS, which could include gene therapy treatments designed to stop disease progression. ■

Taking charge: Female leaders voice of new podcast

THE MGH THIS WEEK launched a new podcast called "Charged," featuring some of the hospital's leading female voices. The podcast is devoted to showcasing the passion and talent of MGH staff, while uncovering stories of the relentless daily pursuit to break boundaries and provide exceptional care.

In the first episode, Katrina Armstrong, MD, physician-in-chief, discusses how she strives to lead with empathy and what she learned her first day on the job – the day of the Boston Marathon bombing.

"Medicine has become so complex," Armstrong says. "These stories help to shed light on what goes on behind the scenes. No matter how advanced the technology is, in the end, medicine is about the connection between patients and their care teams. We strive to keep that at the center, and 'Charged' is a wonderful opportunity to share those stories."

The first season also includes:

- Sarah Wakeman, MD, medical director of the Substance Use Disorders Initiative, discussing her dedication to improving the treatment of substance use disorders and how it is revolutionizing the way the disease is thought of and talked about;
- Denise Gee, MD, bariatric surgeon in the Department of Surgery, on advances in surgical training and how she balances the busy life of a surgeon with three young kids at home; and
- Malissa Wood, MD, co-director of the Corrigan Women's Heart Health Program, talking about the complexities of heart disease in women versus men, and what that means for the care and treatment of the disease.

Upcoming interviews include stories from Marcela del Carmen, MD, MGPO chief medical officer; Misty Hathaway, senior director for International and Specialized Healthcare Services; Pamela Jones, MD, of the Department of Neurosurgery; and Aswita Tan-McGrory, deputy director of the Disparities Solutions Center.

"It is my hope that listeners hear these stories and tap into the collective energy and wisdom of the leaders interviewed," Wood says. "Each speaker has found her path to leadership in a unique way, and the lessons learned apply to leaders not only in health care, but in many other disciplines as well."

"Charged" is available on Apple Podcasts, Google Play, Stitcher and TuneIn. For more information, visit www.massgeneral.org/charged/.



Getting to safe: Know the cues

"SAFETY DOESN'T JUST HAPPEN – it's intentional, it's deliberate and it is our job as managers to be alert and aware in order to protect our staff, colleagues and the countless number of people on our premises every day," Carlyene Prince-Erickson, director of Employee Education and Leadership Development, said in her opening remarks at the 11th annual Leadership Academy Spring Lecture. "We are very fortunate to have our amazing Police and Security staff here at MGH under the leadership of Bonnie Michelman."

Michelman, executive director of MGH Police, Security and Outside Services, was the featured speaker at the June 6 program in the Shriners Auditorium. The annual lecture is the culminating event for the Leadership Academy's academic year, and provides a forum for managers to learn about best practices in leadership. Michelman's talk focused on "Getting to Safe...Security Strategies and Tools for Leaders in the Complex World of Health Care."

"We are in an industry where it is endemic to have violence, to have conflict, to have anxiety," Michelman said. "And while we have some serious situations, we have one of the lowest rates of incidents in the country compared to other hospitals, and that is thanks to all of you. This hospital really is a safe space where people show unbelievable care and compassion daily."

MGH dispatchers field more than 300,000 calls per year, 25,000 of which are considered to be emergency cases. Whether it is an uncomfortable interaction with a coworker, a frustrated patient or a life-threatening situation, staff are always encouraged to reach out to the hospital's police and security experts for help. "People have different feelings about what makes them fearful," Michelman said. "It is very OK to say to someone, 'You put me in fear,' or 'That statement scares me. Can you tell me what you mean by that?' Then, contact us. We are the experts in threat assessment."



MENTAL CONDITIONING: Michelman, left, acts out a potential work conflict with Langhorne, using a MOAB technique to safely and effectively respond.

MGH Police, Security and Outside Services offers several courses via HealthStream for employees to better equip themselves to deal with varying safety situations in the workplace. They include Active Shooter, Workplace Conflict: Violence Prevention, SAVE (Security Awareness and Vigilance for Everyone) and MOAB (Management of Aggressive Behavior.) The department also offers a myriad of in-person, customized staff trainings on a variety of topics.

"If you haven't mentally conditioned yourself to be able to do what you need to do in the midst of conflict, then I guarantee that in the sheer panic of the moment you won't remember to do what is needed," said Michelman. "These courses and trainings can help with that mental conditioning."

During the presentation, Michelman and Rob Langhorne, investigator in MGH Police, Security and Outside Services, demonstrated difficult workplace scenarios,

reviewed when and how to contact Police and Security, and gave examples of the best ways to manage contentious patient interactions. One consistent theme throughout the discussion was the importance of being clear with language, not tentative.

"When I came here 27 years ago, I saw a lot of bullying and aggression from employees," said Michelman. "We've come a long way from that. We cannot, and should not, tolerate it. As leaders we have to be part of the solution."

Michelman added, "At the end of the day, what can we do? Only the things we can do. Don't ignore the cues. Words are only a small percent of our communication. This is why the nonverbals and paralanguage – tone of voice, volume of voice, latent part of speech – are so important. Always trust your instincts and listen to how something is being said, not what is said. The bottom line is we're all in this together."

MGH Police and Security can be reached 24/7 at 617-726-2121 for main campus concerns or 617-726-5400 for the Charlestown Navy Yard. ■

A month of medicine

FOUR HIGH SCHOOL SENIORS spent the final month of their school year exploring their interest in the field of medicine at the MGH. The students – three from Newton Country Day School and one from The Windsor School – were exposed to several different areas of medicine through a monthlong job shadowship from April 30 - May 31.

Charlotte Moynihan and Allison Poussaint followed schedules organized by Laura Riley, MD, vice chair for Obstetrics, that gave them insight into Anesthesia, Critical Care and Pain Medicine; Cardiology; Emergency Medicine; Orthopedics; Neurosurgery; General Medicine; simulation exercises and Midwifery. In a fun revelation, one of the doctors who Poussaint shadowed at the MGH – Michael Greene, MD, chief of Obstetrics – is the same doctor who delivered her when she was born.

Michele O'Hara, RN, nursing director on the Obstetrics Nursing Service, set up nurse preceptors to guide the other two students, Vinou Val and Clara Parsons, as their primary interest lies in nursing. "These kids were great, this was such a fun experience both for them and us," Riley says. "I think it's so important to mentor young women with an interest in medicine. We can't start recruitment early enough!"



SENIOR STUDIES: From left, O'Hara, Val, Poussaint, Parsons, Moynihan and Riley

Star students

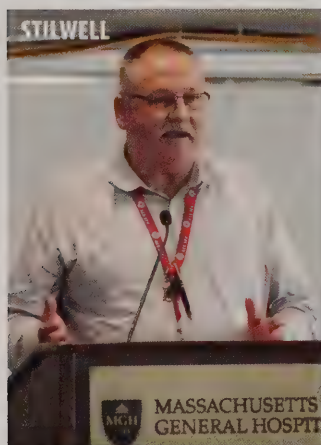
ON MAY 31, the MGH hosted its 23rd annual Workforce Education Program Celebration of Achievement, honoring employees from 25 different countries of origin, speakers of 15 languages and 20 departments across the hospital.

"This is truly a testament to the hospital's commitment to diversity and inclusion," said Carlyene Prince-Erickson, director of Employee Education and Leadership Development. "Diversity is counting heads, inclusion is making those heads count."

Through this year's Workplace Education Program, 17 employees received their U.S. citizenship and more than 100 employees received completion certificates recognizing their participation in computer or English language classes.

"We are all very proud," said Peter L. Slavin, MD, MGH president. "In creating more opportunities for yourselves and your families, you are also creating more opportunities for our patients and visitors. Thank you for continuing your great work and for your growing contributions to the MGH."

MGH Training and Workforce Development partners with JVS, an



organization that provides workforce education services, to create classes that allow employees to further their education and learn new skills at work. Students, teachers and volunteers meet from September through May and the program offers convenient early morning or late afternoon sessions to allow staff to attend before or after their work shifts. Program leaders also noted that many students come to the MGH to attend class on their days off or while they are on vacation.

"As someone from the outside looking in, MGH is not just a leader in patient care, but a leader in workforce development,"

said Kira Khazatsky, JVS chief program officer. This is the longest running workforce education program in the country and shows that MGH is putting its money where its values are."

During the celebration, organizers recognized the success of recent Workplace Education Program computer classes for members of MGH Materials Management and Buildings and Grounds who wanted to familiarize themselves with iPads after the department incorporated them into their workflow.

William Stilwell, Jr., of Materials Management, encouraged staff who were interested in taking classes to give it a try. "I am proof that you can teach old dogs new tricks!" he said. ■

Nominate staff for PCS Awards

NOMINATIONS ARE BEING ACCEPTED for the annual Patient Care Services Awards, honoring the highest quality of patient care. Staff are invited to recognize a clinical or support staff colleague for their dedication, commitment and excellence. The seven awards highlight the qualities of advocacy, caring, compassion, leadership, creativity, flexibility and collaboration. All nominations are due June 29 by 5 pm. Nominations are available online at <http://www.cvent.com/d/4gqlql>.

For more information, or a paper nomination form, contact Julie Goldman at jgoldman2@partners.org or 617-724-2295.

– Afghanistan

(Continued from page 1)

hosted training and education drills. He also completed mandatory training that U.S. soldiers must take part in while deployed and traveled to other hospital sites.

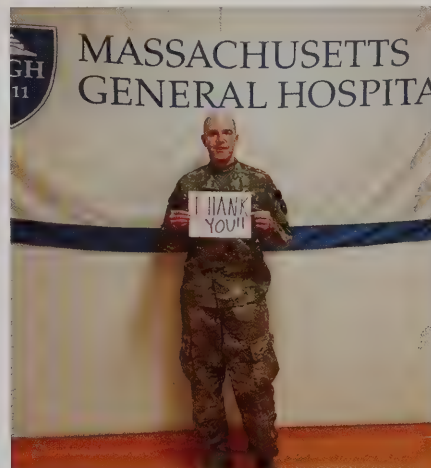
"I missed home. I missed my wife, my family and my job here," Gottlieb says. "But it was a good job. If I was a single guy without all this to come back to, I would have stayed there."

Still, Gottlieb says there are many challenges in the NATO hospital. Though French and English are the official languages of NATO, many people there do not speak either one. Medical practice standards differ from country to country, so mandating and enforcing best practices in the hospital also posed a challenge, says Gottlieb.

"We try to be as culturally sensitive as possible to the different nationalities we care for, and work with, in the hospital."

Gottlieb speaks highly of his Turkish commanding officer. "I have to give him credit, he put such value on building relationships with people. With any conversation, he insisted on sitting down to have tea and coffee together – it's part of the culture. I learned that you can sometimes disagree but still work together. He taught me how essential it is to build relationships."

While Gottlieb says he generally felt safe in Afghanistan, indirect fire still is one of the biggest threats. "When you hear the sirens go off, you just get down," he says.



There also was threat of vehicle attacks – one form of an IED (improvised explosive device) – and snakes, bats, mosquitos and cats, which can carry malaria and rabies.

Gottlieb now has two years during which he won't be redeployed. And though he doesn't think he'll return to Afghanistan, he urged others to seize any

opportunity for an adventure as life-changing as this was for him. "This really was an eye-opening experience," Gottlieb says. "Not that I have any plans to write a memoir, but if I did, I feel like the title would be 'I woke up in Afghanistan.' I see the world through a whole new set of eyes now." ■



GRADUATION DAY:
Gottlieb and his daughter, Samantha



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RUNNING THE BASES: Above, Peter L. Slavis, MD, MGH president with Michael Linnington, WWP chief executive officer; below, from left, Linnington; Michael Allard, chief operating officer of Home Base; and Allard at WWP.

Home Base receives \$65 million from Wounded Warrior Project

HOME BASE, a Red Sox Foundation and Massachusetts General Hospital Program, announced June 28 it will receive a multi-year \$65 million philanthropic grant from Wounded Warrior Project (WWP). It will allow continued participation in the Warrior Care Network, a first-of-its-kind network connecting wounded veterans and their families with individualized mental health care. The gift is the second largest in the history of the MGH.

"We are grateful to Wounded Warrior Project for their steadfast support and ongoing commitment in helping the men and women who have defended this great country heal and reclaim their lives," says Michael Allard, chief operating officer of Home Base. "This remarkable gift will reinforce our ability to provide both care and hope to thousands of veterans and military family members across the nation."

Established in 2009, Home Base is dedicated to healing the invisible wounds of war, including post-traumatic stress and traumatic brain injury, through clinical care, wellness, education and research. In 2015, Home Base joined WWP as a founding partner of Warrior Care Network along with the UCLA Health, Rush University Medical Center and Emory Healthcare. With an initial grant from WWP, Home Base expanded its outpatient clinic and established a two-week Intensive (Continued on page 4)

Summer fun

THE AILMENT-RIDDLED CAVITY SAM received special care again this year as part of Operation 5,000 – a life-size version of the classic children's game, Operation – to benefit the My Giving Helps campaign. At the annual Employee Summer Picnic June 20, nine teams put their surgical precision to the test, with help from New England Patriots players Geneo Grissom, David Andrews and Derek Rivers.

Team Together As One – which included members of MGH Nutrition and Food Services, Materials Management, Environmental Services and Buildings & Grounds – raised the most money by selling baked goods, raffling off donated items and other creative events leading up to game day, giving them extra time to operate. But after many successful – and unsuccessful – "ectomy" attempts, it was MGHfC Team Recreational Hazard that came out on top.

MGH day and night shift employees also enjoyed carnival games, a giant blow-up basketball competition, food, ice cream and prizes. Visit the MGH HR Events Flickr account to view more photos from the picnic. ■



Technology Today: Your Source for IS News and Updates

Many MGH staff have questions about Office 365 – which includes Word, Outlook and Excel applications – and the Exchange Online email program. Here, Keith Jennings, MGH/MGPO chief information officer, discusses recent questions from staff and plans for the future. This article is part of a series of *Hotline* articles about all things IS-related.

HOW ARE OFFICE 365 AND EXCHANGE ONLINE ISSUES AFFECTING US?

Users across the MGH – and all of Partners – have experienced overall poor system performance and responsiveness. The most critical issues identified are:

- Too many login prompts when opening Outlook.
- A delay in launching Outlook before mail items become visible.
- Poor Outlook performance after the application has loaded, including inconsistent data transfer rates when using Office 365.

HOW ARE THESE OFFICE 365 AND OUTLOOK ISSUES BEING IDENTIFIED AND FIXED?

The Partners IS team has made this a top priority. We have created an interdisciplinary tiger team, and temporarily reassigned Jack Brown, MGH/MGPO IS associate director, to lead this team to focus 100 percent on stabilization and improvement of the Office 365 experience. The tiger team invited Microsoft representatives to Boston to participate in walkthroughs with MGH and Brigham and Women's clinicians and administrative staff to gather feedback.

The team – alongside Microsoft leadership – identified the most critical issues and technical factors contributing to the performance and usage problem and made recommendations based on their findings on the best ways to make improvements. We already are working to implement many of the Microsoft-recommended changes and have bolstered our support for MGH Office 365 users.

WHY DO WE HAVE TO LOG IN SO MANY TIMES?

There are two types of Office 365 prompts for user credentials: Office 365 authentication and Office 365 activation. Activation occurs every time you install Office on a new device or use Office for the first time on a device that already has it. Authentication happens each time you use Office 365 to verify your identity and to allow access to your email in the Exchange Online system.

If you have a dedicated computer in your workspace, you may have only needed to activate Office one time. The authentication, which happens every time you login, is usually performed by our single sign-on tool. You may have to reactivate every 90 days.

On shared computers – those in swing spaces or in the Emergency Department, Inpatient Core, Perioperative and ambulatory exam rooms – the process should have been similar. While you may have to activate Office 365 on every new computer you use – a challenge for clinicians and staff who move between computers and care areas – the activation should have lasted for 90 days until the necessary reactivation process. Unfortunately, the reactivation happened much more frequently. To many users, it seemed like they had to reactivate every time they logged in.

Microsoft currently suggests Office 365 users on shared computers use Microsoft Outlook Web Express, which does not require activation, and

loads much faster than the full desktop option. We are currently working with OKTA, our single sign-on solution provider, to see if they can minimize the shared computer reactivation frequency. We have OKTA modifications undergoing testing at Assembly Row, and if successful they will be rolled out across Partners at the earliest opportunity.

WHAT'S ALL THE FUSS ABOUT LICENSE COUNTS AND WHY DID SOME NEED TO BE "RECLAIMED"?

For Office 2007, we had device-based licenses – roughly one for every computer. This was relatively easy to manage and we could license the email accounts and Office products (Word, Excel, etc.) separately.

Office 365 is individual user-based, and Microsoft knows exactly how many users have active licenses. As we prepared to convert from Office 2007 to Office 365, we purchased enough licenses for all Partners employees, roughly 68,000. However, as we began moving users to Office 365, we shot past 68,000 users, creating nearly 88,000 accounts in Office 365. The 20,000 accounts difference, worth \$3 million, was caused by two major factors: terminated employees whose accounts had not been purged, and contractors/vendors who had been given *partners.org* email accounts.

The "reclamation" allowed us to return unused licenses to Microsoft to reduce the license discrepancy and to negotiate a more accurate license

OFFICE 365 HELPFUL HINTS

Why can't I edit my distribution lists?

The management of public email distribution lists underwent significant changes in Exchange Online. A new "Manage My Distribution List" tool was created to restore the capability to manage lists; it is available in the Partners Applications Utilities menu.

Why has there been a slow, or no, response to my Service Desk ticket?

Although Partners IS brought on temporary resources to help the Partners Office Support team during the Office 365 and Exchange Online rollouts, the team was overwhelmed by new ticket volume combined with a pre-existing ticket backlog. The Office 365 tiger team has temporarily re-bolstered the Office team to address backlog and improve response to newly-reported Office issues. For assistance with Office 365, contact the Service Desk at (617) 726-5083.

Why can't I find older messages in my inbox, archive or shared mailbox?

As our mailboxes were migrated to Microsoft's Exchange Online cloud service, the contents of the Enterprise Vaults were copied into the new Online Archives to improve performance. Email messages less than three years old are in a primary Outlook mailbox, while messages between three and 10 years old are in the Online Archive.

One of the drawbacks of this, however, is shared mailbox messages older than 30 days can only be accessed with Microsoft Outlook Web Express (OWA). The Outlook Web Express link is available on the Partners Applications Menu, the Windows Start Menu or log directly on to www.partners.org/email.

count. We are now working with Human Resources, Research, IS and other groups that bring on large numbers of new employees, "persons of interest," contractors and vendors to more closely look at Office 365 license distribution.

WHY IS OUTLOOK SLOW?

In early 2018, Microsoft worked with Partners IS teams on an assessment of our Office 365 environment. Early opportunities for improvement focused on two areas: the network path between Partners and Microsoft, and the configuration of our email calendars.

In mid-February, changes were made within our network to speed up the transfer of data to and from Microsoft's cloud. At the same time, our email calendar configuration was updated to store recent data from shared calendars on our devices rather than in the cloud. When Outlook starts, it loads calendar items first before loading inbox items; the shared calendar change has reduced the long load delays.

At Microsoft's recommendation, a separate calendar change prevented the creation of recurring appointments with no end date. While this was not a performance recommendation, limiting the duration of recurring appointments helps prevent calendar data corruption that can result in Outlook calendar loading issues.

The Partners Office tiger team continues to work with Microsoft to investigate opportunities and test solutions for improving Office 365 performance. Some Office 365 and Outlook slowness may be related to issues with the Office installation on individual devices or the devices themselves. Please contact the Service Desk if you continue to experience Office and Outlook slowness.

Moving forward:

IS THIS THE "NEW NORMAL"?

Office Online and Exchange Online are the future. The good parts of the Exchange Online are good; virtually unlimited mailbox size and online access anywhere – in the office, at home or any place in the world.

We are preparing an Office 365 resource site that will provide Office news, help articles, tip sheets and training resources. It will become a central point for information about Office 365 at Partners.

We should be able to stop any freezing or crashing of the Office 365 applications. The Windows 10 rollout that will occur during the next 18 months will upgrade or replace most of the computers across the MGH/MGPO, which also will improve Office 365 performance. Microsoft also will push out mandatory updates every 3 or 6 months.

We also are reorganizing how we support Office 365. Going forward we will treat it as a critical administrative system – not a utility – and are moving it under John Stone, from IS Finance and Administrative Systems. As the tiger team winds down, John's team will manage Office as they do Peoplesoft and other business systems.

We will use our clout and join with our peer institutions to push Microsoft to improve performance, add features and reduce the number of logins. We may never eliminate that nagging sensation of "it used to be better, it used to be faster" – but we will get Office 365 stable and will increase its performance. ■

Weathering any storm: Ricardo Diaz Awardee celebrated

IT TAKES A VILLAGE to keep a hospital running smoothly. At the MGH, the more than 4,500 Operations Support Staff prove to be vital to the hospital family. Each year, Mail Services processes 10 million pieces of mail, Radiation Safety handles 5,000 packages of radioactive material, and 93,000 pounds of coffee are served by Nutrition and Food Services. Every day, Buildings and Grounds cares for 7.4 million square feet of hospital space and 3,300 packages pass through Receiving and Distribution. Environmental Services disposes of 172 tons of trash per week.



MGH PRIDE: From left, Slavin, Barbosa, Bill Banchiere, director of Environmental Services; Sally Mason Blumenthal, senior vice president of Administration and Finance; and Jeff Davis, vice president of Human Resources.

"Without all that hard work and more captured by these statistics, our hospital operations would grind to a halt," said Peter L. Slavin, MD, MGH president, during the annual Operations Support Staff Day luncheon June 13. "It is the people of the MGH who keep this place running 24 hours a day, 7 days a week, 365 days a year. And that includes all of you. Thank you."

Service employees were recognized and celebrated at the event during which one exceptional employee was honored with the Ricardo Diaz Memorial Award. Diaz was a hardworking, selfless, beloved member of Buildings and Grounds who died in 2003 while plowing snow on the MGH campus. This year, 36 individuals were nominated for the award, with Terezinha Barbosa, of Environmental Services, chosen as the awardee.

"Whether rain, or snow, or sleet or hail, Teresa is always here. In her dedication to the job and her attention to individuals, she has earned the respect of all staff. She is a key element of the glue that binds us together and helps advance our mission," wrote one of Barbosa's colleagues in a nomination for the award.

"I want to thank all my coworkers and staff. I am humbled for their support," Barbosa said. "I am honored to work in MGH Environmental Services and I am always proud to tell people, when they ask me where I work, that I work at the MGH."

Visit the MGH HR Events Flickr account to view more photos from the Operations Support Staff Luncheon, including photos with special guest, New England Patriots player David Andrews.

'Actual actual' causes of health

ALTHOUGH THIS IS THE HEALTHIEST time in human history and medicine is quickly evolving, the rift between those with the highest life expectancy and those with the lowest continues to widen. "Health has no choice but to enter the political arena," said Sandro Galea, MD, MPH, professor and dean of the Boston University School of Public Health, during the MGH Executive Committee on Community Health (ECHO) symposium June 4.



In fact, said Galea, in the last 30 years the life expectancy gap has widened despite advances in technology and medicine, and in the past 10 years the slope of the relationship between wealth and life expectancy has gotten steeper. "Health is not caused by medicine, rather, it is caused by a full range of factors," he said.

In his presentation, "Achieving Health Equity: Addressing Social Determinants of Health," Galea detailed what he calls the "actual 'actual' causes of health." These include geography, economic status and social conditions. The safer a person's living environment, the more financially stable they are, and the more highly educated they are, the higher their life expectancy.

When asked the best way to ensure good health, Galea responded, "Choose to be born to wealthy, well-educated parents." With the widening of the wealth gap in the United States, the poor are no longer "the other." In fact, nearly 50 percent of the U.S. population faces at least one of the "five evils of poverty" – low income, lack of education, no health insurance, living in a poor area and joblessness – which greatly impact health.

The presentation and following panel discussion were co-sponsored by the Executive Committee on Teaching and Education and the Institute of Health Professions School of Nursing.

KNOW OF A GREAT COMMUNITY HEALTH PROJECT?

The MGH Executive Committee on Community Health is now accepting proposals for community health and health equity funding. Clinical departments engaging in community health efforts – such as following community health improvement guidelines, having community champions or developing a community health strategic plan – may submit.

For more information about this opportunity, contact Nicté Mejia, MD, MPH, at nmejia@partners.org. ■

Patient Experience Excellence

"PATIENTS ARE OUR NORTH STAR – they are the reason we come to work every day, and I am so proud of all of the individuals and teams honored with this award," said Inga Lennes, MD, MPH, MGPO senior vice president of Practice Improvement and Service Excellence, at the fifth annual Patient Experience Awards. "They show us every day how we live out our commitment to the patients we serve."

Individuals and teams from across the MGH were recognized for marked improvement in the patient care experience June 7 at the Wyndam Hotel. Recipients walked the red carpet to receive their trophies, banners and cake or pizza party certificates to share with their teams, departments and units.

"Our founding documents talk about how, when in distress, everyone is our neighbor," said Mary Cramer, executive director of Organizational Effectiveness and chief experience officer. "This awards ceremony is a way to celebrate all of the great ways the people at MGH bring this phrase to life every day."

The nomination-based awards celebrated projects or task forces that solved specific challenges within their area of care. Projects ranged from creating a new facilitator role allowing inpatient departments to better communicate patient progress, to adapting a feeding technology that allows ALS patients to maintain more independence outside of the hospital. An MRI anesthesia task force was recognized for helping to meet the imaging needs of autistic patients.

"The things you do every day make patients feel less anxious," said Greg Pauly, MGPO chief operating officer. "Your ability to show empathy and be welcoming to patients and visitors and your

continuous attention to the patient experience at the MGH are all part of great patient care."

Learn more about the score-based awards and view the full list of recipients at apollo.massgeneral.org/patient-experience-awards-2018.



– Wounded Warrior

(Continued from page 1)

Clinical Program (ICP) open to veterans across the nation.

"Our ICP has served veterans and family members from 42 states over the past three years," says retired Brig. Gen. Jack Hammond, executive director of Home Base. "This gift will allow us to double the number of veterans and family members we care for while expanding our treatment programs for brain injuries and mental health."

According to the Department of Veterans Affairs, 20 veterans die by suicide every day, and one in three returns home with an invisible wound. This gift will fuel the establishment of new models of care, including a Dual Diagnosis Intensive Outpatient Clinic for veterans struggling with opioid and substance use disorder challenges and a Weekend Intensive Clinical Program to allow better access to care that is more convenient for veterans' schedules.

"Home Base was created to help fill an important need for our veterans and their families, and it has become a model contemplated and replicated by other institutions across the country," said Red Sox Chairman Tom Werner. "We are grateful to Wounded Warrior Project for supporting our work and mission with this generous donation." ■



Ready within hours: MGH doctor aids Guatemalan volcano victims

ON JUNE 3, Volcano Fuego in Guatemala erupted in what was the most destructive eruption in its history. Within hours, Kenneth Lim, MD, PhD, attending physician in the MGH Division of Nephrology – who had arrived in Guatemala the previous day to provide medical aid in underserved regions – was reassigned to join rescue workers with Misión Hispana. Lim was one of the first U.S. doctors to respond to provide medical care to those injured.

The eruption claimed hundreds of lives and more than 3,000 people were evacuated from the region. Lim and his colleagues worked in collaboration with the Guatemalan government disaster response team, which included members of the military, EMS, police, fire and rescue. On Lim's second day – while he was serving in the hot zone – the volcano erupted again, forcing the volunteers to scramble for cover.

"One of the most frustrating moments was when rescue operations around the hot zone had to be halted by the government due to the unstable region," says Lim. "We also could not distinguish between red lava and black lava at night, which presented extremely dangerous conditions for rescue workers. Knowing that we were only feet from people who were severely injured and dying and being unable to do anything to reach them was absolutely heart-wrenching."

Lim treated a spectrum of general medical conditions and injuries, including burns, acute respiratory disorders from the hot ash, and lacerations. "One of my most memorable moments was when I asked the government for IV fluids and was handed three bags of peritoneal dialysis (Continued on page 4)



HELPING HAND: Lim, at left, aids victims after the Volcano Fuego eruption



GLOBAL GOALS: From left, Parikh, Chidothe and Chabner

Fellowship brings cancer care to Africa

IN FEBRUARY, faculty from the MGH Cancer Center and the Cancer Center at Beth Israel Deaconess Medical Center (BIDMC) launched the Program for Enhanced Training in Cancer (POETIC). This fellowship exchange program – which also partners with the Rwandan Ministry of Health – trains clinical oncology fellows from the University of Cape Town in South Africa and Ocean Road Cancer Center in Tanzania.

"Our goal is to provide much-needed training for cancer specialists in the face of a rapidly increasing incidence of cancer in sub-Saharan African countries and to develop capacity by supporting these young physicians who are committed to staying in Africa," says Aparna Parikh, MD, of the MGH Cancer Center and POETIC co-director.

Parikh and co-directors Bruce Chabner, MD, director of Clinical Research in the MGH Cancer Center, and Lowell Schnipper, MD, chief of Hematology/Oncology at BIDMC, started POETIC because they saw an opportunity to provide the oncology fellows access to Boston's world-renowned cancer care and research. The co-directors collaborate with South African and Tanzanian clinicians and leadership to select candidates for the program. Upon completion, many of the trainees return to their home countries as one of a handful of oncologists – often serving populations of more than 20 million people.

"POETIC is a timely and necessary program that has given me exposure to, and experience with, cancer resources not readily available in my routine practice in Cape Town," says Irene Alinafe Chidothe, MD, a current POETIC participant, who plans to return to Malawi to become one of three oncologists in her home country. "It has also provided me with tools I can take back with me."

(Continued on page 4)

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

UNDERSTANDING THE BIOLOGICAL PATHWAYS UNDERLYING ATRIAL FIBRILLATION

A team led by Patrick Ellinor, MD, PhD, of the MGH Heart Center, conducted a genomic analysis for atrial fibrillation (AF) – an irregular and often rapid heart rate that can increase the risk for stroke. Using data from more than 50 studies worldwide, they identified nearly 100 genetic regions associated with AF, including 70 which were not previously linked to irregular heartbeat. The detected genetic regions implicate genes involved in the heart's development and function. These results, published in *Nature Genetics*, could help in developing new treatments for AF.

IMPACT OF QUANTITY AND QUALITY OF SLEEP ON CARDIOVASCULAR RISK FACTORS IN ADOLESCENTS

Earlier research has linked shorter sleep duration with increased obesity levels in children, but few studies have examined the effects of too little sleep on other cardiovascular risk factors – such as blood pressure – or examined associations of sleep quality with these outcomes.

A study in the journal *Pediatrics* led by Elsie Taveras, MD, MPH, of MassGeneral Hospital for Children, found that both the amount of time

spent sleeping and the percentage of sleep that is undisturbed have significant effects on aspects of cardiovascular health such as blood pressure, cholesterol levels and abdominal fat deposition in young adolescents.

The findings suggest a lack of good sleep could be setting children up for serious health issues later in life and emphasize the importance of establishing healthy sleep patterns.

IDENTIFYING THE GENETIC ROOTS AND GENE TRANSFER OF CHOLERA

Recent data show that new cholera epidemics like those in Haiti, Africa and Yemen are imported from cholera's ancestral home in South Asia. This underscores the importance of understanding cholera in South Asia to control cholera globally.

In this study, published in *Nature Genetics*, a team led by Edward Ryan, MD, of the Infectious Diseases Division, analyzed the organism that causes cholera in its ancestral home in Bangladesh. They found that multiple strains of cholera can circulate simultaneously, even within a single individual, which can lead to genetic transfers and formation of new strains.

They also found that all strains currently circulating in Bangladesh descend from a common

ancestor dating back to massive regional floods in the 1980s, suggesting that a given strain can explode when optimal conditions come into existence, giving rise to new and evolving sub-strains in South Asia and facilitating outbreaks of new epidemics into other at-risk communities around the world.

EFFECTS OF POLICE KILLINGS ON MENTAL HEALTH OF BLACK AMERICANS

Recent research led by Alexander Tsai, MD, PhD, of the Department of Psychiatry, published in *The Lancet* found that police killings of unarmed black Americans produce significant collateral mental health fallout among black Americans in the general population who are not directly affected by the killings. Neither police killings of armed black or white individuals had any significant effects on the mental health of black Americans, and similar effects were not seen among white Americans. Those results suggest it is the social meaning of these killings, not just the indirect exposure to violence, that could explain the findings.

At the population level, these killings resulted in more than 50 million additional days of poor mental health per year among black Americans, comparable to the mental health burden attributable to diabetes in the entire population. ■

Operation donation

"SUMMER IS A TIME when blood donations slow down and demand goes up," says John Petty, Police and Security operations supervisor. Recognizing this need, Petty and members of MGH Police, Security and Outside Services kicked off their first blood drive in partnership with the MGH Blood Donor Center. The department's goal is to help 90 patients through whole blood and platelet donations during the month of July.



POLICING PLATELETS: Back row from left, Abdelaziz Tetbi, lead cashier; Kristen Bolognese, operations supervisor; Bonnie Michelman, executive director; Rolando Mendez, ambassador; and John Donahue, police officer. Front row from left, McGruff the Crime Dog and Joe Mazza, police officer

"By participating in this drive as a department, we hope to bring awareness to the need for blood donations year-round and encourage others to help in any way that they can," says Petty, who helped organize the sponsorship.

Kim Cronin, manager of Donor Services in the Blood Donor Center, hopes this encourages other departments to host blood drives. "I think it is a great opportunity for coworkers to spend time together, donate to the hospital and show support for our patients" Cronin says. "When colleagues donate together, the center has a great social atmosphere and lifts people's spirits."

Interested in donating but not a member of Police, Security and Outside Services? The drive is not limited to the department – donors can mention the blood drive at check-in and their donation will go toward the goal.

For more information about the MGH Blood Donor Center, visit www.massgeneral.org/bloodonor. ■

Open doors, endless possibilities

THE MGH YOUTH SCHOLARS CLASS OF 2018 celebrated an impressive feat during their June 27 graduation ceremony – every one of the 28 graduates will attend college next year, making them the third class out of seven to attain such an accomplishment. This year's class also celebrated another notable achievement – the Revere High School valedictorian and salutatorian are 2018 Youth Scholars.

"We are all resilient, that is something I have learned in the Youth Scholars Program," said Francesa Louis-Jean, a 2018 MGH Youth Scholar and student speaker during the ceremony. "MGH has shaped my life in a way that I didn't think was possible at the beginning of this journey. I have no doubt the class of 2018 will stand the test of time."

The MGH Youth Scholars Program – run by the Center for Community Health Improvement – offers a variety of programs to underrepresented high school students from Boston, Revere and Chelsea interested in STEM subjects. The four-year program includes intensive college preparation and exploration, mentoring, weekly science, engineering, technology and math classes, in addition to internship and job shadow opportunities. Participants can continue to receive support from the MGH through the Youth Scholars Alumni Program, which provides paid internship opportunities and hands-on experience in fields related to the students' courses of study.

"Hold on to this moment. Think about it, understand what it means and cherish it," said Diane B. Patrick, Esq., MGH trustee, senior counsel at Ropes & Gray, and former first lady of the Commonwealth of Massachusetts, who was the keynote speaker at the graduation ceremony. "A huge door to the world of science and technology was opened for you here. And why? Because there were lots of people who saw something in you that was promising. Something perhaps that you didn't see in yourselves."

Patrick shared her history of growing up in Brooklyn, New York, graduating high school and college – without the plethora of resources



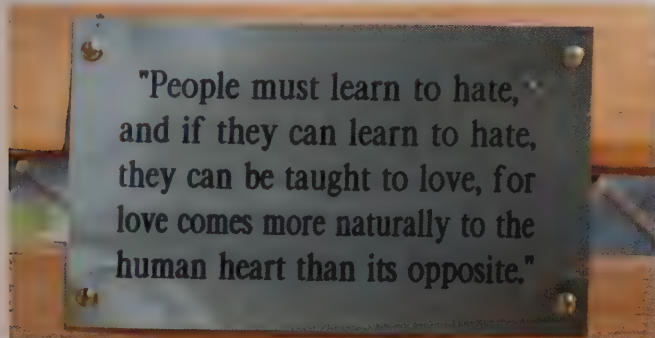
POMP AND CIRCUMSTANCE:
The Youth Scholars Class of 2018 celebrate their graduation.

available today – and becoming a teacher in the New York City Public School System. After five years, Patrick was laid off, and she said when analyzing her future, she decided on a whim to attend law school, which "was a real shock to my system." Despite some difficulties along the way, Patrick has had a successful law career.

"I want you to know that I was once in the place where I imagine many of you were, with no idea what was ahead of you and a bit afraid of what you would face," Patrick said. "Do not be afraid. Explore what is behind the other doors now open to you, don't pass them by. The options for your future are more numerous than you might ever imagine. Grab them. Take charge. Turn what might be unimaginable to you today into something that those coming behind you see as right within their grasps." ■

A place of peace

EARLIER THIS YEAR, the Charlestown Coalition – supported by the MGH Center for Community Health Improvement – received a City of Boston 2018 Love Your Block mini-grant for a neighborhood beautification project. With the funding, the coalition, its youth group Turn It Around, community partners and residents spent weeks restoring a neglected park at the Mt. Vernon Street Plaza in Charlestown. The newly-renovated Peace Park – dedicated to those who have died from substance use or violence – was unveiled at a ceremony June 26. A peace walk through the neighborhood followed. The Charlestown Coalition also supports community coalitions in Revere, Chelsea and East Boston.



SPREADING LOVE: At left, a plaque on a bench in the new park and, above, an area of the park.

Say 'yes' to challenges, opportunities

EVERY CAREER PATH is different, proving there is no set course to success.

This was one of the main messages from the six panelists at the second annual Speed Mentoring Roundtable with Administrative Leaders event, sponsored by Human Resources and the Association of Multicultural Members of Partners (AMMP) June 18. Before becoming directors and administrative directors, the panelists worked the graveyard shift cleaning ORs, at banks or at consulting firms. Gary Smith, senior administrative director of Research Management, spent his early career as a field representative for Chrysler Credit Corporation, which in addition to auditing car dealerships, took him across upstate New York repossessing cars – a part of the job that was not fully disclosed during the job interview.

"You will never know where your career path will take you," said panelist Guardia Banister, RN, PhD, executive director of the Institute for Patient Care and director of the Yvonne L. Munn Center for Nursing Research.

During the discussion in the Thier Conference Room, attendees sat at numbered tables, a timer was set and a mentor sat at each table to field questions, offer suggestions and share real-world advice. When the 15 minutes were up, the speakers changed tables and greeted the next set of mentees. In addition to Smith and Banister, the administrative leaders panel featured Jae Lee, executive director of Radiology; John McGillivray, senior administrative director of the Gastrointestinal Unit; Jacqueline Nolan, director of Volunteer Services, and Carmen Vega-Barachowitz, director of Speech, Language and Swallowing Disorders.

While each panelist shared personal advice on how to succeed, a common theme throughout the conversations was the importance of saying "yes" to new connections, challenges and opportunities. Banister also stressed that attendees should know the culture of the team they are working with and do their homework when looking to advance in a career. McGillivray discussed the importance of lifelong learning and setting team-oriented goals, while Vega-Barachowitz credited her success to a healthy spirit of adventure.

Nolan advised the participants that they should find something they are passionate about. "Know what you want to do, and throw yourself into that."



MEANINGFUL MENTORSHIP: Top from left, McGillivray, Banister and Smith. Bottom, Nolan and Vega-Barachowitz

– Guatemala

(Continued from page 1)

fluid because resources were scarce and it was the only type of fluid available," says Lim. "As a nephrologist, I found this to be a very interesting scenario since peritoneal dialysis can be lifesaving for acute kidney injury management in disaster situations."

Lim says a major concern there was the movement of tectonic plates, which could have caused a tsunami striking from the west, while the volcano was erupting from the east. With the help of a former Navy SEAL on his team, they were able to track these events.

"Many emergency medicine doctors and trauma surgeons often serve in this kind of disaster response," says Lim, who has deployed to regions around the world to help during humanitarian crises. "I hope to encourage doctors from other disciplines of internal medicine – such as nephrology – to also respond to these disasters, as the scope of general and specialty practice we can offer provides essential lifesaving care when disaster strikes." ■

– POETIC

(Continued from page 1)

Each POETIC trainee receives a tailored learning experience based on their specific interests. Trainees are mentored by hospital leaders and attend medical and radiation oncology conferences, tumor boards, multidisciplinary clinics and teaching sessions for three weeks at the MGH and BIDMC.

"It was great to shadow the gynecologic oncologists in the clinic and discuss cases with them," says Nazia Faki, a former POETIC participant. "I'm determined to take what I've learned in POETIC home to Cape Town. I want to improve our standards of care and ensure that patients have access to cancer treatments available in developed countries."

To date, four fellows have participated in the program and three additional fellows – from Rwanda and Tanzania – are expected in Boston to start the program later this year. ■



SHARING KNOWLEDGE: Clockwise from left, Nazia Faki, Schnipper and Parikh



MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

EXPERIMENTAL EXPANSION:

An image of ResQFoam expanding in the abdomen.

Courtesy photo

Under pressure: ResQFoam stops the bleed

THIRTY-SIX MINUTES.

That is the average time it takes for a person who has entered a hospital's emergency department to reach an operating room.

For a patient suffering from an exsanguinating, noncompressible abdominal hemorrhage – a severe, life-threatening trauma – that is 36 minutes of continued blood loss.

What if there was a way to stop that person from bleeding out before they make it to the operating room, a way to put pressure on an otherwise noncompressible abdominal bleeding?

For 10 years, David King, MD, trauma and acute care surgeon in the MGH Trauma Center, and an engineering team, have been working

to create ResQFoam, a self-expanding polyurethane trauma foam they hope will answer that question. King says the FDA has now approved the use of this potentially life-saving foam on patients in a clinical trial.

"In the history of medicine, the only way to stop internal bleeding has been through surgery," King says. "With noncompressible abdominal hemorrhage following trauma, you can't put pressure on the bleeding like you can with other body parts. This foam temporarily stops the bleeding, allowing critical time for the patient to make it to the operating room for surgery."

ResQFoam is injected into the body, and it quickly expands to
(Continued on page 4)

Marking a milestone in mitral valves

PHYSICIANS AT THE MGH Corrigan Minehan Heart Center recently marked a significant milestone by becoming the first team in New England to perform a transcatheter mitral valve replacement in a non-calcified mitral valve, a minimally-invasive procedure for patients with mitral valve regurgitation.

The disease – which can cause patients to feel symptoms like shortness of breath and fatigue – occurs when blood flows back through the diseased valve to the atrium of the heart. Statistics show 1 in 5 patients age 70 and older are affected by this condition and, if left untreated, it can lead to heart failure. Traditionally, patients receive replacement valves through open-heart surgery.

"The importance of replacing this valve without patients having to undergo a full, open-heart procedure can't be overstated," says Jonathan Passeri, MD, co-director of the MGH Heart Valve Program. "Patients spend much less time in the operating room, don't have to be put on a heart-lung machine and, we hope, will recover much faster."

The procedure is performed by making a small incision between the ribs,
(Continued on page 4)



MITRAL MEN: The team, from left, Michael Young, MD; Gaston Cudemus, MD; Inglessis-Azuaje; Passeri; and Melnitchouk

MGH expert weighs in on national case

AN MGH PSYCHIATRIST recently served as an expert witness in a hearing in Boston that made national headlines. The case centered around a 35-year-old woman from Brazil who was separated from her 9-year-old



BERESIN

son after being detained at the Mexican border in Arizona earlier this year as part of President Donald Trump's "zero tolerance" policy for people who enter the U.S. illegally.

Lawyers stepped in to help mount a case against this policy and assist parents separated from their children, including this mother who sued the federal government, arguing the policy placed unreasonable roadblocks in her path to reuniting with her child. Gene Beresin, MD, executive director of the Clay Center for

Young Healthy Minds at MGH, testified during the hearing, citing a host of psychiatric concerns for children who experience traumatic events such as parental separation.

"When children are separated from parents, they typically experience high levels of anxiety and distress, which impair the trajectories of otherwise healthy children," says Beresin. "Such children are at high risk for anxiety disorders, such as extreme worry or panic attacks. They are also at risk of mood disorders which can last a lifetime."

After an emergency hearing, the government released the woman's son, 45 days after being detained, from a Texas facility. Both are awaiting asylum hearings in Boston.

"Children who find themselves in new, frightening situations, do best when they are close to loving parents, whom they view as safe, familiar and protective," says Beresin. "We all do best, especially in dire circumstances, when we are connected to family members." ■



'A life-changing friendship'

BASED ON A TRUE STORY: Authors Patrick Downes and Jessica Kensky, RN, of Lunder 10 — accompanied by Kensky's service dog, Rescue — read their bestselling book "Rescue and Jessica: A Life-Changing Friendship" to MassGeneral Hospital for Children patients during a visit to Ellison 18 on July 19. The book chronicles how Kensky overcame complex medical issues with the support of her canine companion after sustaining injuries in the 2013 Boston Marathon bombing. The children also received books signed by Downes and Kensky and "pawtographed" by Rescue.

Patient and Family Advisory Councils help improve clinical care

PATIENTS PLAY AN IMPORTANT ROLE alongside clinicians and administrators in working to improve patient care. The MGH's several Patient and Family Advisory Councils (PFAC) provide perspectives to help shape hospital services, programs and initiatives. Members also participate on committees across the institution.

General PFAC member Hilary Deignan was the first patient member of the Anesthesia Quality and Safety Committee. "Hilary's perspective helped address issues the patients are wondering about, not what we think patients are wondering about," said Jeremi Mountjoy, MD, anesthesiologist and physician lead for the committee.



HAVING A VOICE: Dunn, at left, gives PFAC members a tour of a procedure room.

Deignan worked with the committee to develop informational materials to better prepare patients undergoing anesthesia. "I attended meetings, brainstormed, worked with the committee and had equal participation and access," Deignan said. "I took the final content to the PFAC, which reviewed it as an end user would, and got additional feedback, much of which was incorporated."

Having Deignan on the committee was helpful in connecting with PFAC, said Allison Doney, Anesthesia administrative manager and co-chair of the Quality and Safety Committee. The department is now piloting a web-based patient information portal to get baseline and follow-up information from a select patient population.

The Patient Perspective on Perioperative Care Task Force (P3C) facilitates patient input on care quality policies and the consent process. "I have learned that having patient and family perspectives on decisions that we believe are right from the clinical and hospital perspective is helpful to guide and validate whether we're moving in the right direction," said Peter Dunn, MD, executive medical director, Perioperative Administration.

Bill Kieffer, PFAC and P3C member, said, "We looked at consent forms for anesthesia, blood transfusion and HIV screening from a patient and family point of view and recommended changes to make the forms clearer. We urged that wherever possible, the conversations between anesthesiologists, surgeons and the patient and family members take place in advance of the procedure, leaving time for questions."

The MGH has several PFACs representing a large proportion of specialty care areas — including MassGeneral Hospital for Children, the MGH Cancer Center, Heart and Vascular, Pediatric Oncology, Ambulatory Practice of the Future and cystic fibrosis. Last November, the PFACs jointly hosted an event to highlight patient and family member contributions that enhance the MGH care experience across the organization and the importance of the patient and family voice. ■

Often-asked questions about the move to Neighborhood Health Plan

LAST MONTH, it was announced that Partners HealthCare will move the administration of its 2019 employee health benefit plans from Blue Cross Blue Shield to Neighborhood Health Plan (NHP).

Below are the three most frequently asked questions about the 2019 health plans answered by Human Resources:

DOES THE MOVE TO NHP CHANGE WHO IS CONSIDERED “IN-AREA” VERSUS “OUT-OF-AREA?”

The move to NHP will have no impact on who is considered in- and out-of-area for health benefit purposes. However, HR will review these definitions and provide any updates for 2019 later this summer. As with the current plan, employees who live out-of-area will be able to see any provider in the NHP network and will pay the Partners Preferred Network copay when they receive care. All plan design features will remain the same, except primary care office visit copays, which will reduce by \$5.

WILL I HAVE TO FIND NEW MEDICAL PROVIDERS FOR ME AND MY DEPENDENTS? WHAT ABOUT BEHAVIORAL HEALTH?

As of June 1, more than 95 percent of all providers seen by Partners HealthCare employees are already part of the NHP network. NHP is growing and investing in its future and is actively working to increase its provider network. An interim online Provider Directory has been created allowing staff to see providers currently part of the NHP network. The tool also allows requests that NHP contact care providers about joining the network for 2019. HR will be actively working to grow the network in time for Jan. 1, 2019.

NHP also is building a custom network of mental health and substance use disorder providers for Partners employee health plans. As part of this process we are actively recruiting providers and establishing Partners' specific reimbursement and claim management processes.

WHAT HAPPENS IF I LIVE IN A STATE THAT DOES NOT ACCEPT NHP, AM TRAVELING AND NEED MEDICAL CARE, OR HAVE A CHILD WHO LIVES OUTSIDE MASSACHUSETTS?

As with the current plans, Partners Select and Partners Plus cover participants no matter where they are. Outside of Massachusetts, the plans use Aetna's national network, one the largest commercial health plans in the country. All cards will have the Aetna logo on the back so that if a cardholder or college-aged child live out of state or travel, they will have access to all 1.2 million health care professionals, more than 690,000 primary care doctors and specialists, and more than 5,700 hospitals. Emergency care is always covered regardless of whether there is an in-network provider.

Learn more via live webinars

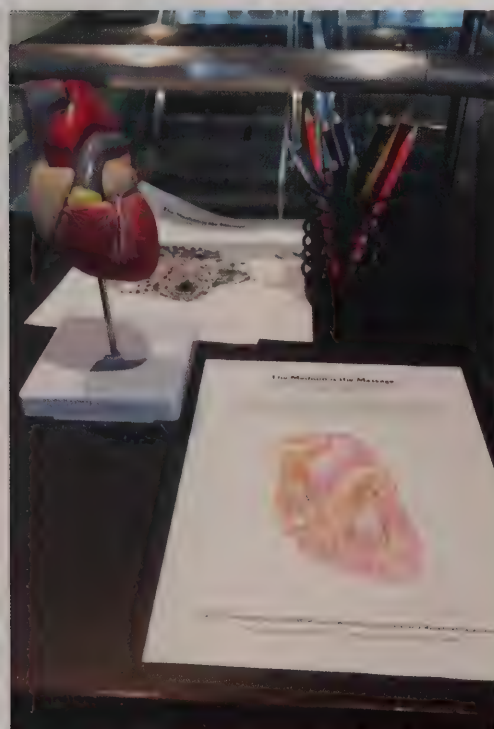
More information about these topics and more is available on the 2019 Health Plans page on Ask myHR. Staff are encouraged to familiarize themselves with the details of the 2019 plans and the resources available on the site in preparation for benefits Open Enrollment, which will run Oct. 29 to Nov. 20.

Human Resources will be offering three live webinars, which will give staff the opportunity to hear a presentation about the 2019 health plans and ask questions.

Webinars will be held on the following dates and times. Pre-register by visiting the askmyhrportal.org and click the link for the date you plan to attend.

- **Aug. 1, 12 to 1 pm**
- **Aug. 1, 4 to 5 pm**
- **Aug. 8, 3:30 to 4:30 pm**

After completing registration, a confirmation email will be sent containing instructions for joining the webinar. ■



Surgical sketching

IN 1941, the third medical illustration school in North America was founded at the MGH.

The exhibit “The Medium is the Message: MGH's School of Medical Illustration, 1941-1967,” now on display at the Paul S. Russell, MD Museum of Medical History and Innovation, displays original and reproduced works by instructors and students. It also includes an activity table, pictured at left, where visitors can try their hand at drawing and coloring medical subjects.

The exhibit emphasizes the fact that medical illustration continues to offer a unique view of the body. “The camera can only record what it sees. The artist can put on paper what exists but may not be visible,” says Edith Tagrin, former director of the MGH Department of Medical Art.

The museum, located at 2 North Grove St., is open Monday through Friday year-round from 9 am to 5 pm. Admission is free.



Everyday Amazing on the Esplanade

THE MGH CANCER CENTER Eversource Everyday Amazing Race celebrates the progress made in cancer research and raises money for the work that remains. Money raised through the event – which includes a 5K run, 5K walk and 100-yard kids' dash – support MGH Cancer Center research into personalized cancer medicine, cancer immunotherapy, the development of early-detection technologies and the delivery of innovative supportive care. This year's race will take place Sept. 9 along the Charles River Esplanade.

"It's a chance to feel good about doing something in memory of those we have lost, in honor of those who have survived and for those who haven't been touched yet but could be one day," says Brian Sheehan, event co-chair.

Last year, 1,000 runners and walkers participated in the Everyday Amazing Race, which raised more than \$130,000 for the MGH Cancer Center. After crossing the finish line, participants will be treated to a pancake breakfast provided by the Four Seasons Hotel Boston. Billy Costa and Jenny Johnson from NESN's Dining Playbook will emcee the event and hand out prizes to top fundraisers and race finishers alongside Daniel A. Haber, MD, PhD, director of the MGH Cancer Center.

For more information about individual or team registration, visit EverydayAmazingRace.org.



**MASS GENERAL
CANCER CENTER**

**EVERSOURCE
EVERYDAY AMAZING RACE**

– ResQFoam

(Continued from page 1)

fill the abdominal cavity, applying pressure that may stabilize the patient. King says when the patient reaches an operating room, the foam is easily removed.

After a decade of research and preclinical work, 40 patients will be part of the clinical EFIC – exception from informed consent – trial of ResQFoam. "This study is for people who are so gravely injured they are likely to not survive, or will have a dismal outcome," says King. "We're not talking about the child who falls at soccer practice and comes in with a minor spleen injury. These are the most horrific injuries where the human body does not do well."

For the next few months, King and his colleagues are reaching out to the community to share information about the clinical trial. "Part of this process is establishing a dialogue with the community and vetting what we think we have already figured out," King says. "Especially at the MGH – where staff are so engaged, and the hospital means something to them – we want them to understand this is such a unique thing happening here." Through town hall discussions, social media, advertisements on the MBTA and media outreach, Boston residents are invited to learn more, ask questions and be able to opt out of the study if they wish.

"It is incumbent on us as ethical researchers to make opting out easy," says King. Anyone who wants to opt out of the clinical trial can request a special bracelet. More information can be found at resqfoam.com.

King says he hopes ResQFoam will save lives at the MGH, in hospitals throughout the country, on the battlefield and at any point of a trauma. "What we want to do is take something new, something that we think is better, and use it to save patients' lives." ■



LIFE SUPPORT: An image of ResQFoam being injected into the abdomen.

– Mitral valve

(Continued from page 1)

inserting a catheter through the bottom of the left ventricle into the mitral position. The team – comprised of an interventional cardiologist, a cardiac surgeon, an echocardiographer and an anesthesia specialist – then inserts the replacement valve. The operation can be completed in less than an hour compared with traditional open-heart surgery which may take several hours.

The MGH procedure is part of the APOLLO trial, a national study to analyze the effectiveness of the new synthetic valve administered via catheter versus open-heart surgery. Participants for the trial are adults experiencing moderate to severe mitral valve regurgitation who are candidates for traditional valve replacement.

"The pace at which this field is accelerating is exciting for us and hopeful for patients," says Serguei Melnitchouk, MD, cardiac surgeon, co-director of the Heart Valve Program and co-principal investigator of the trial.

While the procedure is a notable event in the treatment of heart valve disease, it is not the first time the MGH Heart Valve Program has made history. 10 years and one day before this procedure, a team of MGH specialists were the first in New England to perform a transcatheter aortic valve replacement.

"We've seen the impact that minimally-invasive aortic valve replacements have had on patients for more than a decade," Melnitchouk says, "and the possibility of replicating that success with the mitral valve, which is significantly more difficult, is inspiring."

Ignacio Inglessis-Azuaje, MD, interventional cardiologist, and co-principal investigator of the APOLLO trial, says, "We are so fortunate to have such an amazing team of caregivers here at MGH. From the physicians to the nurses – both in the operating room and on the floors – you can't ask for a more talented and collaborative team. The benefit to the patient is immeasurable." ■



贵港市人民医院

第三届Dr.Mudgal手外科

会议时间：2017年10月7日-10月8日 会议地点：内科医技楼20楼中



S. Mudgal MD, MS(Orth.), MCH(Orth)

教授，麻省总医院手外科教学主任，手、腕关节、肘关节

WARM WELCOME: Mudgal, at right, stands with an official in front of a sign announcing the conference in Guangxi City, China.

From China to India: MGH surgeon inspires worldwide

"THERE IS AN OLD INDIAN PROVERB, 'many drops make a lake,'" says Chaitanya Mudgal, MD, a hand and upper extremity orthopaedic surgeon at the MGH. "These are just some of those drops."

These drops – Mudgal's accomplishments and efforts to care for patients and better the field of hand surgery – are not confined to the walls of the MGH or to the city limits of Boston. They extend 12,000 miles across the world to the Guangxi Province in China and to the city of Hubballi in India.

COLLABORATION IN CHINA

Five years ago, Tan Haitao, MD, CEO of the Guigang City People's Hospital in the Guangxi Province, met Mudgal while visiting the MGH. "One thing led to another, and he invited me to an orthopaedic conference to speak about hand surgery," says Mudgal.

While medical teaching differs vastly throughout Asia, Mudgal says his approach emphasizes the importance of asking questions and making teaching more interactive. "We have created a model where it is a free flow of ideas."

After the success of the first forum, the Guigang City People's Hospital renamed the conference the C.S. Mudgal Hand Surgery (Continued on page 4)

A southern-inspired taste of summer

ST. LOUIS STYLE RIBS. CAROLINA BARBECUE CHICKEN.

Whatever your favorite barbecue style may be, Eat Street Café will be serving up an assortment of southern delicacies Aug. 15 at the inaugural MGH BBQ Fest. The eatery also will feature tasty sides, including fresh baked jalapeño corn bread, macaroni and cheese, and peach cobbler.

"Like most MGHers, we are trying to savor these last few weeks of summer," says Latoya Brewster, retail operations manager in Nutrition and Food Services. "We began thinking of different ways to engage customers and get employees excited as a fun midsummer pick-me-up. In that spirit we decided to feast on all things barbecue."

From 11 am – 3 pm, visitors can enjoy fun facts about the different styles of barbecue at each Eat Street station. Along with delicious food and facts, there also will be costumes, trivia and prizes – with the help of My Giving Helps, an MGH Fund + United Way employee campaign that gives back to the hospital community. "We'll be giving away sports bars and letting customers test their luck on our trivia wheel," Brewster says. "We are calling on everyone to join in the fun. It's going to be a wonderful, delicious event." ■

MAKE IT AT HOME: Enjoy this Eat Street customer favorite at home. "When we think of summer, we think of this Honey Glazed Chicken recipe," says Brewster. "It's on our current menu rotation. Minimal preparation and execution are required."

Honey Glazed Chicken

INGREDIENTS

4 chicken breasts split w/skin	3 tablespoon bbq sauce
1 tablespoon orange juice	1 tablespoon whole
1 teaspoon orange peel spice	grain mustard
1 tablespoon honey	1 1/2 teaspoon hot sauce

DIRECTIONS

Put chicken aside and mix all other ingredients together to make the glaze. Place the chicken in a pan and brush with glaze. Roast chicken at 325 degrees, brushing two more times with glaze while cooking. Check chicken while brushing – make sure glaze does not burn. Cook until chicken reaches an internal temperature of 165 degrees.



08.10.18

Research Roundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

EFFECT OF FOLIC ACID ON CHILD BRAIN DEVELOPMENT

Everything from cereal to pasta to pancake mix seems to have folic acid listed as an ingredient. This is due to government-mandated folic acid fortification in grain products that was rolled out in the late 1990s. In a recent study, a team led by Joshua Roffman, MD, director of the Brain Genomics Lab in the Department of Psychiatry, looked at brain images of nearly 1,400 children who were born just before, during or after this rollout.

Using MRI scans, they found that children and adolescents who were exposed to folic acid fortification during gestation showed changes in brain development that may protect against psychotic symptoms. Given previous evidence that risks for schizophrenia, autism and other serious mental illnesses begin in the womb, these new findings open the door to a range of new studies that could lead to strategies using folic acid to protect against the onset of mental illness, similar to other public health interventions such as vaccines.

NEW GENETIC INSIGHTS RELATED TO FOOD CHOICES

For those who have a hard time saying no to that extra piece of cake, it might not be due to a lack of willpower. A new study suggests that – in addition to demographic, cultural and psychological factors – our genes may make some of us more likely to crave unhealthy foods than others.

Jordi Merino, PhD, from the Department of Medicine, and his team identified two new gene variants that influence dietary intake and confirmed two previously known variants. These findings could improve understanding of appetite control, help identify individuals who are at higher risk of unhealthy food choices and point to new targets for drugs to control eating behavior.

ANALYZING AND COMPARING GUT BACTERIA IN MOTHERS AND NEWBORNS

While it's usually easy to notice if a baby has its mother's eyes, other shared traits aren't as easy to see. Infants acquire their microbiomes – the community of bacteria in their gut – in part from their mothers, but precisely how the microbiome is established at birth and develops during early life is relatively unknown.

A study, led by Ramnik Xavier, MD, PhD, director of the Center for the Study of Inflammatory Bowel Disease in the Department of Gastroenterology, examined the microbiomes of 44 infants and their mothers and provided a comprehensive analysis of which bacteria are transferred from mother to infant and how gut microbial communities develop during a baby's early days.

NEW LOW-COST POINT-OF-CARE DEVICE FOR DIAGNOSING AGGRESSIVE LYMPHOMA

In resource-poor countries, pathologists and the equipment needed to diagnose disease are often in short supply. Cesar Castro, MD, and a team from the Center for Systems Biology have developed a portable, fully automated device that has been trained by a computer-driven algorithm to analyze patient samples and separate cancerous and non-cancerous cells.

The team found that the device provided an accurate diagnosis 95 percent of the time. This new approach could ease the demand on existing pathology services and equipment, engaging more individuals in proper cancer care. ■



PRACTICE MAKES PERFECT: YMCA Achievers take turns administering an EpiPen to a "patient."

YMCA Achievers shine bright

"**THE FUTURE OF MEDICINE** is truly with you," said museum docent John Truman, MD, former physician at MassGeneral Hospital for Children, to Boston-area students visiting the Paul S. Russell, MD, Museum of Medical History and Innovation. The youth are part of the YMCA Achievers program, which supports high school students with aspirations of attending college.

During their Aug. 7 visit to the MGH, the group also toured the Ether Dome and took part in a hands-on medical simulation led by Patrick Smithedajkul, MD, hospitalist and Learning Laboratory faculty lead for Community Outreach, and Catherine Albin, MD, Neurology resident. Students observed as Smithedajkul and Albin described the symptoms of the mannequin patient, then correctly identified the symptoms as a severe allergic reaction, learned to properly administer an EpiPen and identified next steps if they were to encounter this in real life.

"When I heard the mannequin patient wheezing, it brought me right back to the time I had an asthma attack," says Juliet Echavarria, 15, a YMCA Achiever. "It was so real. But when the doctors were helping us evaluate the patient, it showed me how important it is to act fast and make decisions."

The students then went on a scavenger hunt, discussed imaging techniques and learned to take a pulse properly. Following the museum tour and simulation, the students attended a "Just got hired? Don't get fired!" presentation led by MGH YMCA Adult Achievers and members of the Association of Multicultural Members of Partners (AMMP) that focused on workplace expectations and skills, including proper attire, phone etiquette and communication skills.

"The goal of the workshop was to arm the teens with knowledge about how to be successful in the workplace, since many of them are starting their first job," says Dianne Austin, MGH director of Diversity, Inclusion and Engagement. "The topics that we focused on are things that have tripped up employees twice their age." ■

Transplanting experience, a patient gives back

“AT FIRST, they didn’t know what it was,” says Karen Regan, 64, of Methuen, Massachusetts. “Yet my condition continued to deteriorate.”

The former human resources executive knew something was wrong when, in 2009, she noticed unusual swelling in her abdominal area. The diagnosis was cirrhosis, a late-stage scarring of the liver due to advanced disease. To treat her swelling, Regan would undergo a “tap” every two weeks, where up to nine liters of fluid were drained. Regan also experienced internal bleeding in her small intestines, eventually requiring daily blood transfusions, “because there was no way to stop the bleeding caused by the liver disease and the toxins backing up.” Those toxins also backed up in her brain, creating encephalopathy, which led to mental confusion, memory loss and personality changes. Three years after her initial diagnosis, Regan was admitted to the MGH in April 2012.

“I knew that eventually I would need a transplant, and as I felt worse, I knew that day was not far off,” says Regan, who lost 70 pounds due to the progression of the disease.

To determine eligibility for a liver transplant, patients are evaluated using the Model for End-Stage Liver Disease (MELD), which measures mortality risk in patients with end-stage liver disease. The larger the number, the higher the patient moves up on the transplant waiting list. Within two months, Regan’s score jumped from 16 – when she was admitted – to 45.

During her hospital stay, Regan says she was lucky to have her husband John by her side. “John was at MGH every morning at 5:30 to understand what the doctors decided during their daily rounds and was a huge support system for me.” While she was comforted by his constant companionship, Regan says she asked her care team for someone she could speak to who had been through the transplant process to provide a more personal perspective into what she was going to experience. No one could be identified. “I vowed right there that when I recovered, I would always make myself available to speak with patients facing transplantation.”

On June 7, 2012, Nahel Elias, MD, surgical director for the Kidney Transplantation program at MGH, successfully performed Regan’s liver

transplant. After making a full recovery following several months of rehabilitation, Regan approached James Markmann, MD, PhD, chief of Liver Transplantation for the MGH Division of Transplantation, to follow through on her vow to help others facing transplant.

“Dr. Markmann was kind enough to meet with me and immediately understood exactly what I wanted to do,” says Regan, who offered to serve as a valuable resource to pre- and post-transplant patients by sharing her own experiences with them.

“My first response was that this was a brilliant idea,” says Markmann. “This was just what our patients needed – a direct experience relayed from someone who has been through the whole transplant process.”

Once the pilot program was established, Regan had her first day of duties. “It was certainly nerve-racking as there was no established process to interact with patients,” she says, “It was vital to first develop a strong rapport with the nursing team, who would approach patients and ask if they would find it helpful to speak with someone who had gone through the process. None of us knew if this would even work.”

Two years later, the program has blossomed and become an integral part of the MGH Transplant Division’s team approach. All transplant patients now

have the option to speak with Regan, who shares her insights and helps them process the experience. Regan encourages each patient she meets to embrace the mantra which helped her through the transplant process: “Failure is not an option.”

“The program has been a success far exceeding anyone’s expectations,” says Markmann. “Today, there is a long line of post-transplant patients who have not only been inspired by Karen but who want to help further the project.”

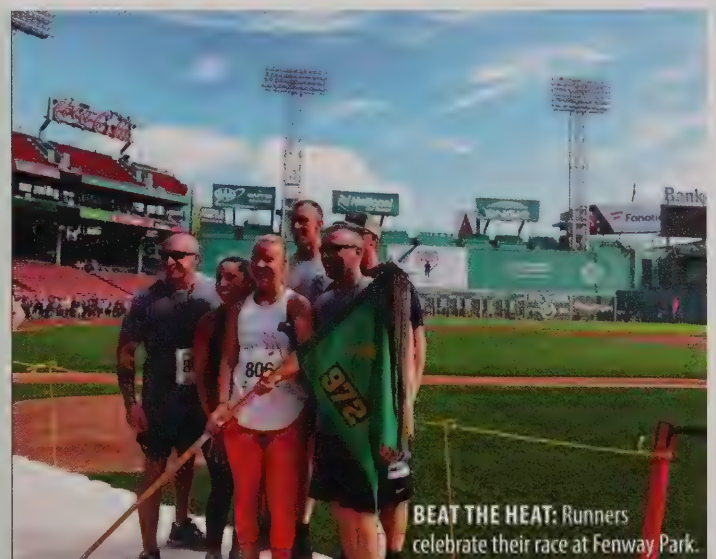
Regan is grateful to give back to the MGH which, she says, gave her a second chance at life. “Going through a transplant can be one of the hardest things for anyone to experience. It’s stressful, scary and can feel isolating. If I can help alleviate even one fear, then I consider this program successful, because the best thing you can say to someone who is scared is ‘you are not alone.’” ■



Running for the fallen

DESPITE TEMPERATURES soaring near 90 degrees, with blazing sun and humidity, more than 2,500 runners and walkers from across 37 states braved the heat July 28 to participate in the ninth annual Run to Home Base. The 9K run and 5K run/walk raised more than \$2.5 million for Home Base, a Red Sox Foundation and Massachusetts General Hospital program, which helps veterans, service members and their families heal from the invisible wounds of war.

This year’s Run to Home Base was dedicated to Families of the Fallen, including those who have lost a loved one to suicide. A pinning ceremony was held for families in attendance at the run, and the Boston Red Sox dedicated their on-field pre-game ceremony of that night’s game to more than 500 family members who have lost a loved one in the Armed Forces. Home Base also facilitated two shadows runs for units deployed overseas; at Camp Arifjan Kuwait, 151st Regional Support Group, Massachusetts National Guard and at Camp Bondsteel Kosovo, 3rd Battalion, 126th Aviation Regiment, Massachusetts National Guard.



– China to India

(Continued from page 1)

Forum in his honor. They also developed a mentoring program to send one of their hand surgeons to Boston to study with Mudgal for a year. Since then, six more surgeons have come to train at the MGH.



GROWING TOGETHER: Mudgal and his Chinese colleagues planted this tree to watch it grow along with their bond.

"I can learn more from here that will affect my life in the future," says Hao Qin, MD, a current mentee, who has been shadowing Mudgal for the past six months.

"My job is not to try to influence cultural differences," says Mudgal, of sharing his expertise at the forum and with the Guigang hospital surgeons. "My job is to impact surgical techniques and teach how to put them into practice."

Slowly but surely, the orthopaedics department at the

Guigang City People's Hospital has become "a little Harvard team," says Haitao. "The future of this hospital has been changed for the better."

INCREASING EDUCATION IN INDIA

Some 2,260 miles away from the Guangxi Province – in Hubballi, India – Mudgal is continuing to add drops to the proverbial lake, bringing his hand surgery expertise to the small city there.

"India is a country where hand injuries form a large percentage of occupational injuries," Mudgal says. "And a smaller city like Hubballi

is where the people are getting injured, in the farms and the factories. I thought, if they don't have the access to technology and education there, why can't we take the training to them?"

In February 2018, the inaugural Indo-U.S. Hand Surgery Course took place – an educational opportunity that became a reality thanks to Mudgal's dedication and drive. With help from the Deshpande Educational Trust and a team of local orthopaedic surgeons in India, Mudgal put together the two-day course covering topics ranging from tendon and nerve injuries, to injury prevention and splinting/casting techniques. The response, Mudgal says, was overwhelming, and the requests for him to return next year were immediate. Another course already is in the works for March 2019.

"If you look back at the history of hand surgery in India, it is not given the attention that it should," says Mudgal. In a country with a population of more than 1.3 billion people, roughly only 10 fellowships exist in this field, a stark contrast to the hundreds of fellowships available in the United States, with a population of 325 million.

"It was just me and a dream," says Mudgal. "Someone had to do it, and I'm happy to be the one to do so." ■



Introducing AllWays Health Partners

EARLIER THIS YEAR, MGH staff were informed that the administration of employee health plans would move from Blue Cross Blue Shield of Massachusetts to Neighborhood Health Plan (NHP) at the start of next year. This week, Partners HealthCare announced that NHP is rebranding and changing its name to AllWays Health Partners.

What does this mean to MGH staff?

- **No impact on benefits:** The name change will not impact the physician network, coverage, benefits, cost or any other aspect of the 2019 health plans.
- **Name change:** The NHP name will be visible through the open enrollment period until the change to AllWays Health Partners is official on Jan. 1, 2019. However, some HR communications in the fall and early winter also will reference the new name.
- **Insurance card changes:** The 2019 insurance card, which will be mailed to employees' homes in December, will feature the AllWays Health Partners name.

For more information about the 2019 Partners Plus and Partners Select health plans, visit www.AskMyHRportal.com.

Nominate
your colleagues or
co-workers for the 2018



Partners in Excellence Awards

NOMINATION CRITERIA:

- **PARTNERS 2.0**
(optimizing efficiency and growth opportunities across Partners HealthCare)
- **QUALITY TREATMENT AND SERVICE**
(patient care, respect for individuals, customer focus, etc.)
- **LEADERSHIP AND INNOVATION**
(patient care, teaching, research, management, etc.)
- **TEAMWORK**
- **OUTSTANDING COMMUNITY CONTRIBUTIONS**
- **SUSTAINABILITY**
(positive environmental impact)

Nominations due September 14, 2018

Nominate online at: <https://pulse.partners.org/pienominations>

For questions, contact Partners Human Resources at
857-282-9743 or partnersinexcellence@partners.org



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08.24.18

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



MGH Charlestown HealthCare Center celebrates 50 years

THE MGH CHARLESTOWN HEALTHCARE CENTER – MGH's oldest community health center and one of the first established in Boston and the nation – will celebrate its 50th anniversary in September.

"We're excited to celebrate MGH Charlestown's 50 illustrious years of caring for this community and rising to meet its challenges, including issues such as youth violence and trauma, opioid addiction and food insecurity," says Jim Morrill, MD, medical director at MGH Charlestown. "We look forward to continuing to grow, learn and carry our work forward into the future alongside our health center colleagues in Everett, Chelsea and Revere."

MGH Charlestown was founded in 1968 as part of a coordinated citywide districting plan to provide comprehensive medical care to all Boston residents and work with the city's teaching hospitals. The practice now provides adult and pediatric primary care to more than 10,000 people, and specialty care in mental health, dermatology, neurology, nutrition, OB/GYN, physical therapy and podiatry. Additional services include patient navigation, health education and wellness services, viral hepatitis/HIV/STI programs, substance use disorder nurses and recovery coaching. Morrill says through *(Continued on page 4)*

Home Base takes new 'spin' on veteran fitness

ON AUG. 15, HOME BASE, a Red Sox Foundation and Massachusetts General Hospital Program, partnered with Rev'd Indoor Cycling to host a first-of-its kind spin class aboard the historic USS Constitution. The studio is owned by the wife of a U.S. Army staff sergeant who participated in the Home Base Program and wanted to give back in a special and unique way. With one mission in mind – to make vets sweat – the class brought together local community supporters and nearly 30 veterans enrolled in Home Base's Warrior Health & Fitness Program for a high-energy cycle class with an unforgettable view.



New technology gives an 'edge' to the naked eye

A NEW DEVICE that gives the human eye a “bionic edge” may sound like science fiction, says MGH dermatologist Victor Neel, MD, PhD, but it is a real and much-needed development for a procedure called Mohs surgery, a procedure to remove skin cancers on the face.

“Fred Mohs developed his technique 70 years ago, and today we’re still using the same procedure,” says Neel. “If Dr. Mohs rose from the grave, put on a white coat and went into the Mohs unit, he’d feel right at home because nothing has changed.”

Through a recent partnership with a physicist at UMass Lowell, Neel says he’s testing a device called optical polarization imaging (OPI) to allow surgeons a more accurate look at a tumor prior to surgery.

Mohs surgeons typically use their best judgment to identify the boundary between a patient’s tumor and the normal skin around it, also referred to as the margin. “The problem,” says Neel, “is that it’s impossible to see skin cancer margins with your eyes. There’s a limitation to what the unaided eye can see.”

OPI operates like a camera by taking pictures of the collagen in the skin. Tumor cells secrete enzymes that deform and destroy collagen’s interwoven mesh-like structure. By visualizing abnormal collagen, OPI allows Neel to identify the boundary lines that separate the tumor from normal skin before making any incisions.

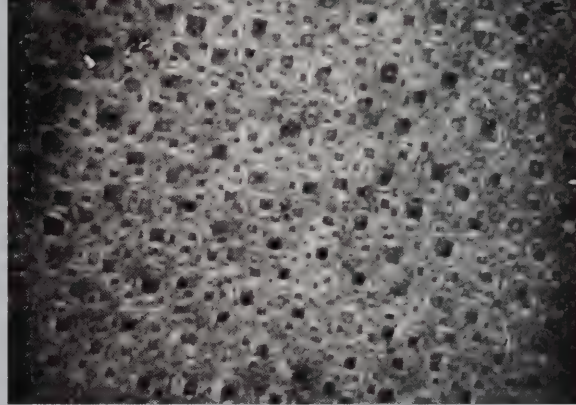
“It’s a very inexpensive and simple, yet elegant technology,” says Neel. “It would allow Mohs surgeons to take a picture of the surgical site in real time and construct a surgical plan based on what they are able to see.”

Neel emphasizes he doesn’t want to replace Mohs surgery. Instead, he says OPI could help improve accuracy and reduce the average number of surgical stages per case, saving money for patients and insurers.

Neel and his team recently published a paper showing the successful results from their first pilot study using data from six patients with basal cell carcinoma, the most common type of skin cancer. In all six cases, OPI accurately predicted the tumor’s boundaries by identifying structural collagen changes. Neel is now in the process of detailing 60 more cases with similar results and hopes to conduct a multi-center OPI trial in the near future.

“I’m looking back at the 25,000 Mohs cases I’ve done at Mass General, and I don’t want to do another 25,000 the same way,” Neel says. “It’s exciting to see a change on the horizon.”

CLOSE-UP: A view of normal forehead skin imaged through OPI



Students celebrate summer of experience

DOZENS OF STUDENTS filled the O’Keeffe Auditorium Aug. 14 to celebrate the end of the six-week Summer Jobs Program hosted by the Center for Community Health Improvement Youth Program. The annual program and recognition event – now in its 28th year – honored 240 high schoolers and 15 college students from Boston, Chelsea and Revere who dedicated 40,000 hours to the MGH and its community health centers this summer.

“You are the reason why we do this work,” said Tracy Stanley, senior manager for MGH Youth Programs. “You inspire us with your energy, your curiosity and determination. We hope you learned something new about yourselves and gained greater insights into what career paths you want to pursue now and later in life.”

This year’s Summer Jobs Program expanded its partnership to include Becoming a Man (BAM), a Boston-based initiative that offers at-risk teens from disadvantaged neighborhoods the resources to develop life skills and explore career opportunities. Fifteen students participated in the program, and attended workshops about mental health stigma and self-care.

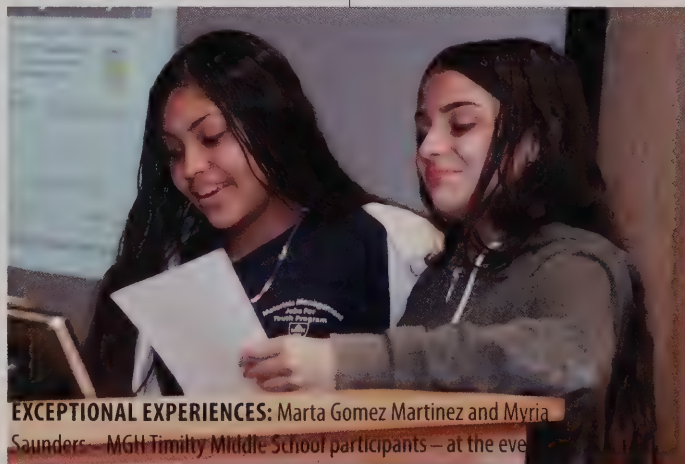
They also were connected with MGHers from an array of multicultural backgrounds and met regularly to make positive connections with established professionals and learn from their experiences.

“There is nothing better than seeing students’ faces light up when they talk about what they are doing and learning,” Stanley said. “These types of real-world experiences often provide the wow factor in their internships that can have a lasting impact.”

During the event, Raul Uppot, MD, of the Interventional Radiology Department, was recognized for his contributions to the Summer Jobs Program. Former and current students nominated Uppot for the Mentor of the Summer Award, citing his dedication in providing numerous learning opportunities, including introducing students to different departments and job options from numerous departments within the hospital.

Nai Collymore-Henry, vice president of Partnerships Alliance for Business Leadership – a Boston-based organization of business leaders dedicated to social responsibility and sustainable growth of the state’s economy – was the event’s keynote speaker.

“Society does not determine your worth,” said Collymore-Henry, who told the students they have the power to create their own history despite challenges they may face for being different. “I encourage you to make space for yourself at the table, even if you need to bring your own folding chair. MGH is yours. Today shows that.” ■



EXCEPTIONAL EXPERIENCES: Marta Gomez Martinez and Myria Saunders – MGH Timilty Middle School participants – at the event

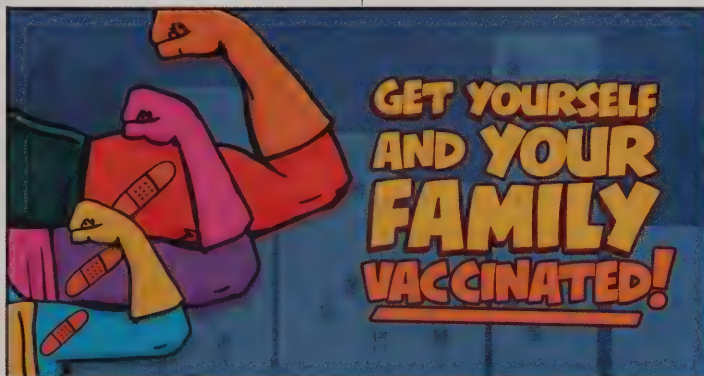
FAQ: This year's flu shot policy

THE MGH HAS APPROVED a new Influenza (Flu) Vaccine Policy, requiring that all employees, professional staff and non-employees – volunteers, students and others – receive a vaccination for influenza before the start of the 2018-2019 flu season. The MGH flu task force has shared the following Q&A about this year's flu season and new policy. Learn more at www.askmyHRportal.com.

WHY IS THE MGH CHANGING ITS INFLUENZA POLICY FOR THE 2018-2019 FLU SEASON?

Influenza kills approximately 36,000 people each year in the United States.

While the flu is a dangerous virus, most cases can be prevented by receiving the annual flu vaccine. The Centers for Disease Control confirms that receiving the flu vaccine is the single best way to prevent the spread of flu. The MGH and its employees have made a promise to our patients and their families to consistently deliver safe and quality patient care. To do this, we must do everything we can to prevent the spread of the flu.



AM I REQUIRED TO RECEIVE A FLU SHOT THIS YEAR?

Yes. All employees, professional staff, volunteers and non-employees must receive the vaccine before Nov. 15. Employees who do not receive the vaccine by this date are subject to corrective action, up to and including termination.

ARE THERE ANY EXEMPTIONS TO THIS NEW POLICY?

Employees who have a medical contraindication to the influenza vaccine – such as a history of Guillain-Barré syndrome or a serious allergic reaction to the vaccine – can request exemption through Occupational Health Services. Employees who wish to decline the vaccine because of a deeply held religious belief can do so by consulting with Human Resources. The deadline for requesting an exemption is Oct. 15.

WILL THE MGH OFFER FREE FLU SHOTS FOR EMPLOYEES THIS YEAR?

Yes. Occupational Health Services will offer flu clinics at several MGH sites in September and October. A complete schedule will be posted on the Ask myHR portal: www.askmyHRportal.com. The main campus flu clinics will be held Sept. 17 to 21 in the Bulfinch Tent. Vaccines also are available at the Occupational Health clinic at 165 Cambridge St., Suite 404, during

normal business hours: 7 am to 5 pm, Monday through Friday.

IS IT OK FOR ME TO RECEIVE MY FLU SHOT FROM MY PRIMARY CARE PHYSICIAN OR SOMEWHERE OUTSIDE OF PARTNERS?

Yes. If you receive your flu shot from a Partners-affiliated primary care physician, your vaccine recorded in Epic will automatically be recorded in PeopleSoft. If your vaccine is received from a non-Partners primary care physician or clinic – such as CVS or Walgreens – you will need to provide proof of vaccination to Occupational Health Services before Nov. 15. To submit documentation of vaccination received outside of Partners, bring it in

person to Occupational Health Services or email it to occhealth@partners.org.

I DON'T INTERACT WITH PATIENTS AS PART OF MY JOB. DO I HAVE TO GET THE FLU SHOT?

Yes. All MGH employees, professional staff, volunteers and non-employees are required to receive a vaccine. Even if you do not interact with patients as part of your job, you likely share office or lab space with someone who does.

Protecting yourself with a flu shot also

means that you are protecting your coworkers and their family members.

LAST YEAR, THERE WERE STORIES ON THE NEWS THAT SAID THE FLU SHOT DIDN'T WORK. WHY ARE YOU REQUIRING ME GET ONE?

Reports of last year's flu shot being ineffective were inaccurate. The Centers for Disease Control reported that last year's vaccine was no more than 30 percent effective in stopping the current strain of flu. Those who received the vaccine but still got the flu reported milder symptoms and quicker recoveries. In a hospital environment, where we see some of the sickest patients, we must do everything we can to prevent the spread of this very serious virus.

I RECEIVED A MEDICAL OR RELIGIOUS EXEMPTION, SO I WILL NOT BE RECEIVING A FLU SHOT. DO I NEED TO WEAR A MASK IN PATIENT CARE AREAS?

Yes. Although we have changed our vaccination policy, there is no change to the Flu Mask Policy that is implemented by the hospital during flu season. All employees who are not vaccinated and work in patient care areas must wear a mask when working within six feet of patients. The mask policy will go into effect Nov. 15. ■

Stop by the MGH Blood Donor Center to donate blood or platelets. All presenting donors in August will receive a groovy van T-shirt.

1 in 7

people entering a hospital need blood.

3

lives can be saved by one donation, which equals one pint of blood.

Notable numbers:

Only 10%

of the eligible population donates blood.

30-40 minutes

is the length of time the whole blood donation process takes from registration to cookies.

*It takes **all** types*

TYPE	YOU CAN GIVE BLOOD TO	YOU CAN RECEIVE BLOOD FROM
A+	A+, AB+	A+, A-, O+, O-
O+	O+, A+, B+, AB+	O+, O-
B+	B+, AB+	B+, B-, O+, O-
AB+	AB+	EVERYONE
A-	A+, A-, AB+, AB-	A-, O-
O-	EVERYONE	O-
B-	B+, B-, AB+, AB-	B-, O-
AB-	AB+, AB-	AB-, A-, B-, O-

MGH named a top hospital in America by U.S. News & World Report

THE MGH HAS BEEN ranked No. 4 in *U.S. News & World Report's* Best Hospitals 2018-2019 Honor Roll and is the only hospital ranked across all 16 specialties. Of the nearly 5,000 hospitals evaluated, the MGH has consistently placed among the top five hospitals on the honor roll since its inception in 1990.



The oldest and largest hospital in New England, the MGH conducts the largest hospital-based research program in the nation and is designated a Magnet hospital, the highest honor for nursing excellence awarded by the American Nurses Credentialing Center.

A detailed list of the rankings, including the methodology used by *U.S. News & World Report*, is available at www.usnews.com/besthospitals.

THE MGH'S RANKINGS IN ALL 16 SPECIALTY AREAS ARE:

Cancer	12
Cardiology and Heart Surgery	5
Diabetes and Endocrinology	3
Ear, Nose and Throat (with Massachusetts Eye and Ear)	6
Gastroenterology and GI Surgery	8
Geriatrics	10
Gynecology	9
Nephrology	9
Neurology and Neurosurgery	6
Ophthalmology (with Massachusetts Eye and Ear)	4
Orthopedics	6
Psychiatry	2
Pulmonology	4
Rehabilitation (with Spaulding Rehabilitation Hospital)	2
Rheumatology	6
Urology	18

What people are saying

ALONG WITH SHARING news, events and information of the hospital, the MGH Twitter and Facebook accounts help keep our patients, staff and community connected. Here are a few things people have said recently on Facebook and Twitter:

MEREDITH C: It's inspiring to work with leaders like Dr. Deborah Washington to share their stories of how they got to where they are. A powerful reminder that everyone starts somewhere and all career paths are different.

LIANNE K: My adult son (with severe special needs) recently had back surgery. We were there for 5 days and all the staff were wonderful. However there was one young woman whom I found exceptional. She was a food server and picked up his menus and delivered his trays. The thoughtfulness and care she showed was truly amazing. She obviously understands the stress of being in that situation and she was meticulous in looking at my menu and making subtle and helpful suggestions: Do you want salt? How about gravy for the potatoes? She made what some might consider a "small job" very important.

JOJO C: Best care I could of possibly received was from a nurse in the Neurosurgery recovery unit on 7th floor. Her name is Maddie. I can honestly state she is the best of the best. She made my stay there as comfortable as possible. Thank you Maddie!

ASHLEY M: Each nurse, doctor, X-ray technician, orthopedic surgeon, and passerby staff member who I encountered during an accidental 4+ hour ER visit was kind, attentive, and pleasant to deal with during a really trying time. I can now see why people swear by hospitals in Boston. Thank you!

To follow the MGH on Twitter, visit <http://twitter.com/massgeneralnews>. To "like" the MGH on Facebook, visit www.facebook.com/massgeneral. For questions about social media best practices or any of these accounts, email mghsocialmedia@partners.org. ■

– Charlestown

(Continued from page 1)

relationships with local nonprofit organizations, coalitions and schools, MGH Charlestown has responded to the needs of the community with programs and initiatives ranging from school-based behavioral health care and trauma support for Charlestown families, home visits, community education and efforts to address the opioid crisis.

"As part of our preparation for this event, we have met individuals who worked here when the health center opened and residents who have been coming to the clinic for those 50 years," says Jean Bernhardt, administrative director of MGH Charlestown. "It has been amazing to see how loved the health center is by this community."

A Sept. 8 celebration from 4-7 pm at the health center will feature speakers, activities, swag bags, light refreshments and a presentation on the history of the health center's contributions to Charlestown. ■



MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Sepsis is preventable and treatable.

Do you know the Signs of Sepsis?



**Fever/
Shivering or
Very Cold**



**Rapid
Breathing**



**Extreme Pain/
Physical
Discomfort**



**Pale or
Mottled
Skin**



**Disoriented/
Confused &
Sleepy/Difficult
to Wake**



**Elevated
Heart Rate**

Courtesy of the Rory Staunton Foundation

‘Could this be sepsis?’

SEPSIS IS A DISEASE that kills more than 258,000 Americans each year – that is more than prostate cancer, breast cancer and AIDS combined. It is the leading cause of death in hospitals, however nearly 80 percent of sepsis cases develop outside of a hospital. Yet, for a disease that is so common and deadly, less than half of Americans have ever heard of sepsis.

“There has never been a major public education campaign for sepsis, so it has always flown under the radar,” says Michael Filbin, MD, MGH Emergency Medicine physician and leader of the MGH Sepsis Care Redesign and Partners HealthCare sepsis initiatives.

CAUSES, SIGNS AND SYMPTOMS

Sepsis can be caused by any type of bacterial, viral or fungal infection in the body, such as a cut or scrape, pneumonia, ulcers or a urinary

tract infection. Sepsis is when the body’s response to fighting the infection goes wrong and overresponds, causing the immune system to attack its own organs and tissues.

“One of the issues with sepsis is the patient doesn’t always present with clear symptoms of infection,” Filbin says. “It can manifest in vague and insidious ways. In most cases patients are older or chronically ill, but it can just as easily hit the young and healthy.”

Though often difficult to pinpoint as sepsis, some of the warning signs include a fever, chills, rapid breathing, extreme pain, pale or mottled skin, elevated heart rate, and confusion or disorientation. If a person is experiencing any of these symptoms, Filbin says, they should ask

(Continued on page 4)

MGH Votes!

ON SEPT. 25, the MGH will participate in National Voter Registration Day. Sponsored by Physicians for Policy Action and the MGPO – with support from the League of Women Voters – the event will feature information tables where staff, patients and visitors can register to vote in Massachusetts, update their personal information and prepare a voting plan for the mid-term elections Nov. 6.

“We are hosting this event to support our employees and our patients as we prepare to vote in the upcoming mid-term elections and in 2020,” says Leigh Simmons, MD, of Internal Medicine and member of the physician advocacy group. “Voting and other forms of civic engagement are closely connected to health and well-being, and a voter registration drive in the hospital workplace makes good sense.”

Tables will be set up from 7 am - 9 am in the White corridor near Coffee Central and from 9 am - 9 pm in the area across from Eat Street Café. Massachusetts residents should bring their driver’s license number or the last four digits of their Social Security number to complete their voter registration. Residents can still register without this information, but will be required to provide it at the polls. Educational materials will be available in multiple languages and volunteers also will be able to help residents of other states learn more about election details in their town or city.

“People who vote exhibit a host of other healthy behaviors,” says Regina LaRocque, MD, of the Infectious Disease Unit and member of Physicians for Policy Action. “We are thrilled that the hospital is dedicated to this important effort.”

For more information, or to volunteer at the Sept. 25 voter registration event, email rlarocque@mg.harvard.edu. ■



RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events. This month's column includes new insights into cystic fibrosis, genetic risk factors for heart attacks, the results of vaccination efforts for cholera in Haiti, and potential connections between anxiety and Alzheimer's disease.

NEWLY DISCOVERED CELL TYPE APPEARS TO PLAY A KEY ROLE IN CYSTIC FIBROSIS

A team from the MGH and the Broad Institute has found a new cell type in the lung that appears to play a key role in cystic fibrosis. Using a new sequencing technology, the team made an organ map of specialized cell types in the airway and they found an exceedingly rare cell type that specializes in balancing hydration at surface of the lung, which is important in staving off infections. They named this intriguing new cell type "pulmonary ionocytes," and found that the cells also produce most of the gene product that, when mutated, causes cystic fibrosis. Ionocytes are now the most promising cellular target for therapeutic efforts to cure cystic fibrosis.

IDENTIFYING GENETIC RISK FACTORS FOR HEART ATTACK

Researchers from the MGH Center for Genomic Medicine and the Broad Institute have identified a new genetic risk factor that could help to identify millions of people at more than triple the normal risk for heart attack – and millions more at high

risk for type 2 diabetes, breast cancer or atrial fibrillation. This approach involves newly developed scores that tally genetic risk information from millions of sites in DNA where one patient differs from another. Most importantly, these high-risk individuals are currently flying under the radar within clinical practice, but if identified, would benefit from targeted prevention efforts.

TESTING THE LONG-TERM EFFICACY OF A CHOLERA VACCINE

MGH researchers and their Haitian colleagues found that two doses of an oral cholera vaccine (OCV) were effective in protecting individuals in Haiti against cholera for at least four years. The research team collaborated with Haitian public health officials to vaccinate more than 50,000 people against cholera in 2012 and studied cases of diarrhea for the subsequent four years. This is the first study showing OCV has long-term effectiveness when used in a cholera outbreak, and the first study of the long-term effectiveness of OCV in a country like Haiti, where the disease was

newly introduced. The results add to the evidence needed to improve prevention and control of cholera globally.

A CONNECTION BETWEEN ANXIETY AND THE RISK OF ALZHEIMER'S DISEASE?

Alzheimer's disease is characterized by the accumulation of abnormal brain proteins – amyloid-beta and tau – a process that begins when older adults are cognitively unimpaired. Researchers at the MGH are working to define very early neurobehavioral and biological markers of Alzheimer's disease prior to cognitive impairment. In a neuroimaging study of normal older adults, researchers found that high amyloid-beta in subcortical structures, a region of advanced accumulation, was associated with higher levels of anxiety and particularly in carriers of the APOEε4 genetic marker. These findings point to anxiety and specific genetic and regional biomarkers that may identify individuals at highest risk of cognitive decline. ■

Clinic provides hope for moms in recovery

TO IMPROVE THE HEALTH of infants and mothers, the MGH has opened the HOPE Clinic, assisting pregnant women like Aryana Moschitto, who is recovering from substance use disorder.

Like other expectant mothers, the 25-year-old is debating names for her daughter, laughing about her baby shower and worrying about her upcoming delivery. But she's also seeing clinicians in obstetrics, family medicine, addiction medicine, pediatrics and psychiatry, as well as a substance use recovery coach and a social worker at the HOPE (Harnessing support for Opioid and substance use disorder in Pregnancy and Early childhood) Clinic.

The integrated care model aims to help women from pregnancy through their child's second birthday.

"I have been using since I was 13, and trying to get clean since I was 17," says Moschitto, who is in recovery from opioid use. "But I have never had the support I have gotten through the HOPE Clinic."

Pediatrician Davida Schiff, MD, medical director of the HOPE Clinic, says, "Pregnancy can provide a window of hope to many women who are struggling with substance use disorder. At that moment of hope, it's critical to provide the right

support that will help these women succeed."

Jessica R. Gray, MD, HOPE Clinic's clinical director, says the early parenting years can be very motivating for entering and maintaining recovery from opioid use.

At the clinic, the bond between mothers and infants is carefully nurtured. For example, a child experiencing withdrawal symptoms after birth can be soothed through cuddling, skin-to-skin time and breastfeeding, Schiff says. The HOPE Clinic works with parents to support their infants' health and well-being after delivery and to promote a strong parent-child bond from the first hours of life.

"The complexity of our patients' medical, psychological and social needs is profound," Schiff says. The clinic's patients are often homeless or living in residential treatment centers. They may be struggling with more than one substance use disorder. Many have been physically or psychologically abused and have ongoing legal issues.

Schiff says many patients are inspired by Katie Raftery, the HOPE Clinic's recovery coach.

"At this clinic," Raftery says, "we want to be more than just doctors treating a medical condition. We want to create a sense of stability



and security, help them take care of their babies and build a foundation for a healthy family they can take forward on their recovery journey."

Raftery, who has two children, says she went into recovery when she was pregnant with her son, and found it was essential to build a "tribe" of people to support her. She decided to become a recovery coach to help do the same for those like Moschitto.

"She's always there for me to talk over things I find overwhelming," Moschitto says. "There's so much stigma around this disease, but in the HOPE Clinic everyone is accepting and welcoming. Jan. 6, is my 'recovery date,' because it's the day I found out I was pregnant. I'm looking at life differently because someone is going to depend on me. But I also know how powerful this disease is and I am so grateful to the HOPE Clinic for helping me be vigilant with my recovery." ■

Tornado preparedness: MGH unveils new protocol

THE MGH WILL SOON roll out its newly developed Tornado Protocol. Developed by the Center for Disaster Medicine – which oversees all preparedness and emergency management efforts at the MGH – the protocol outlines hospital plans and procedures in the event of the unexpected weather emergency.

“Forecasting tornadoes is still very difficult, so there are usually only a few minutes of warning – or less – when we recognize that one has formed,” says Rob Krupa, planning, training and exercise program manager for the Center for Disaster Medicine. “Because of this, it’s especially important to have a detailed response plan that we can use in a moment’s notice to ensure rapid action. The safety and security of our patients, their families and all of our staff is of greatest concern during a tornado, so we will be hosting training sessions and exercise drills throughout the hospital to review precautions, shelter options and how to recover after the storm hits.”

While still fairly uncommon in New England, more than 1,200 tornadoes occur in the United States every year, including one reported in Iowa earlier this week. And, in recent years, Massachusetts has been hit with multiple tornadoes, including a twister confirmed in Webster this past August. Four years ago, on June 28, 2014, a tornado damaged 65 homes and businesses in Revere, Massachusetts with its 120-mph winds, and on June 1, 2011, one touched down in Springfield, resulting in three deaths and an estimated \$140 million worth of damages.

Krupa says the MGH Center for Disaster Medicine worked closely with city and state officials to create the hospital’s response plan, and received valuable insight from leaders at St. John’s Regional Medical Center in Joplin, Missouri, which was destroyed during a 2011 multi-vortex tornado.

“September marks National Emergency Preparedness Month, so it’s the perfect opportunity to continue the conversation about the best ways to prepare for, respond to and recover from disasters,” Krupa says. ■

TORNADO WATCHES AND WARNINGS

Tornado Watch:

- Conditions are favorable for the development of tornadoes in and close to the watch area.
- Size can vary.
- Duration: 4 to 8 hours.
- Normally issued well in advance of severe weather.

Tornado Warning:

- A tornado is indicated by radar and people in the affected area should seek safe shelter immediately.
- Stay away from windows, doors and walls that face the building’s exterior.
- Duration: Roughly 30 minutes.

WHAT DO TO DURING A TORNADO WARNING:

Clinical Areas:

- Move ambulatory patients into their bathroom, into the hallway or other internal location away from windows.
- Bed-bound patients will be placed in the flat position, as tolerated. Turn bed so headboard is between patient and any windows. Protect patient with blankets or pillows.
- Maintain accountability of all patients and employees until Tornado Warning has expired.

Non-Clinical Areas:

- Go to a shelter area, such as a basement or the lowest level in the building.
- If you cannot get to shelter area, go to the center of an interior room – such as a closet or interior hallway – away from corners, windows, doors and outside walls.
- Put as many walls as possible between you and the outside.
- Stay away from windows.

Turning lemons into lemonade

ON AUG. 31, 9-year-old Liam Doherty organized his second annual lemonade stand. He wasn’t raising funds for a new bike or video game, but to support the research of Jess Kaplan, MD, clinical director of the MassGeneral Hospital for Children Inflammatory Bowel Disease (IBD) Center.

Liam has Crohn’s disease, an autoimmune disease that attacks the intestines, causing swelling and ulcers. In 2017, he experienced a flare up, making the positive and active young boy feel tired and worn out. His parents, Lauren and Russ Doherty, stressed the need to find ways to turn the experience into something positive.

“Sometimes when life hands you lemons, you have to make lemonade,” says Lauren. That is when the idea was born – Liam would help find a cure for IBD through a lemonade stand.

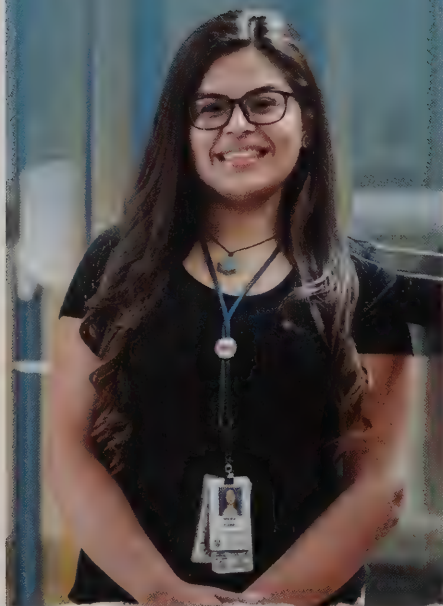
With support from family, friends and the community – including Canton’s Department of Public Works, Fire Department and Police Department – Liam raised \$10,000 this year, bringing his total to more than \$18,000. Liam hopes to raise \$60,000 by the time he turns 15.



My Why

“As a first time mom, I get my flu shot to protect my baby girl and other children in our community who are most vulnerable during this time of year.”

— Brenda Flores
Emergency Health Worker
MCH Clinician



GET YOUR FLU SHOT!

Share your reason for getting vaccinated.

Submit your “My Why” to hotline@partners.org.

Occupational Health Services will host Employee Flu Clinics in the Bulfinch Tent from 7 am - 5 pm, Sept. 17 – Sept. 21. Employees also can visit the Occupational Health office at 165 Cambridge St., Suite 404 or call 617-726-2217 for an appointment. Additional employee vaccination clinics will be held at offsite and health center locations. Visit askmyhrportal.com for clinic details and information about MGH's new flu policy.

– Sepsis

(Continued from page 1)

themselves “could this be sepsis?” If diagnosed early, sepsis can be treated with antibiotics, IV fluids and close monitoring.

TREATMENT OPTIONS

Early identification and diagnosis of sepsis is critical. For every hour that sepsis diagnosis and treatment is delayed, the risk of death increases considerably, Filbin says.

“As doctors, we are taught to base our decisions off diagnostic information,” he says. “With sepsis, it is not always possible to wait for that information. The tricky part sometimes is knowing when to pull the trigger on preemptive treatments.”

Sepsis also can lead to tissue damage and organ failure, and the patient may be dehydrated or have low blood pressure – all conditions that need to be taken into consideration during treatment.

Antibiotics are the one intervention proven to decrease morbidity in sepsis patients,” Filbin says. “However, there is a whole suite of treatments that may be needed to fix organ dysfunction, among other things, so a lot of challenging decisions are involved in the process.”

STEPS FORWARD

“One thing that really strikes me is the tools we have to diagnose sepsis, treat it and monitor it have not changed in all my years in health care,” says Filbin. Although treatment is essentially the same as it was many years ago, there have been processes at the MGH to improve sepsis diagnosis.

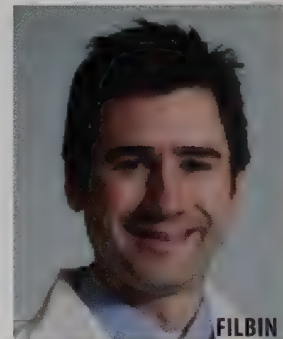
Starting in 2014, Filbin partnered with other MGH clinicians and a Massachusetts Institute of

Technology biomedical engineering team to analyze sepsis signs and create an algorithmic warning system to alert clinicians when a patient might have sepsis. This cut the length of time it takes to diagnose sepsis in half, leading to earlier antibiotic treatment.

As a result of this work, a purple flag appears in Epic to alert emergency clinicians to the possibility of sepsis. A best practice alert also was built into the electronic medical record, as well as a sepsis specific order set to help clinicians order the correct treatments. Filbin also is a co-chair of the MGH Sepsis Steering Committee – along with Emily Aaronson, MD, of Emergency Medicine; Kathryn Hibbert, MD, of Pulmonary and Critical Care Medicine; Colleen Snyderman, RN, PhD,

director of the Nursing & Patient Care Services Office of Quality and Safety; and Michael Phillips, of the Center for Quality and Safety. The group of dedicated sepsis champions from each clinical department was formed two years ago and regularly meets to review sepsis care at the MGH with the goal of setting and improving standards of care for patients with sepsis.

“The most important thing we can do is educate everybody – the public, doctors, physician assistants, nurse practitioners and, most importantly, frontline nurses – to recognize the signs of sepsis and to understand how deadly it can be if not treated promptly,” Filbin says. ■



FILBIN

IN RECOGNITION OF SEPSIS AWARENESS MONTH, MGH WILL HOST:

- **Sept. 18, Noon – 1 pm:** Filbin and Hibbert will speak to advanced practice providers about sepsis in the O’Keeffe Auditorium.
- **Sept. 19, 9 am – 2 pm:** A “Meet the Expert” table at Eat Street Café will provide an opportunity for staff, patients and visitors to learn more about sepsis from MGH experts.

Celebrating 50 years

MGH CHARLESTOWN HEALTHCARE CENTER will celebrate its 50th anniversary Sept. 28 from 4-7 pm at the health center. Speakers, activities and a multimedia presentation highlighting the history of the health center’s contributions to Charlestown will be featured. Light refreshments and swag bags will be available and Doc McStuffins will greet children. All are welcome.



HUBWEEK 2018: WE THE FUTURE



BOSTON'S INNOVATION FESTIVAL: OCT. 8-OCT. 14

With a spirit of optimism and excitement, final preparations are underway for HUBweek 2018, Boston's annual innovation festival co-founded as a civic collaboration of Harvard University, Massachusetts General Hospital (MGH), MIT and *The Boston Globe*. Last year, 50,000 people attended HUBweek with attendees coming from Boston, throughout the U.S. and countries all over the world.

This year's HUBweek theme is "We the Future," with programs scheduled Oct. 8-14 on the MGH campus and in Boston on City Hall Plaza. Keynote speakers include: Walter Isaacson, celebrated author and historian; Maureen Dowd, *New York Times* columnist; Ruth Pointer, singer-songwriter; Yeonmi Park, CEO and president of Freedom for North Korea; and Tye Brady, Amazon Robotics chief technologist. HUBweek will feature provocative speaking forums, a large exhibit hall, startup competitions, networking receptions and live performances highlighting the intersection of art, science and technology.

Embracing the "We the Future" theme, the MGH will focus much of its programming on young people, their health challenges, science education and their emerging role as community activists during this challenging period in history.

The MGH Research Institute will reprise its lively American Idol-style science communication competition. This year the event features Boston Public School students as contestants, including science stars from the James P. Timilty Middle School.

MGH will host sessions about addiction and recovery in young adults, the connection between sleep and obesity in children and present a Morning Workout and Mindfulness program for children and their parents. The MGH Clay Center for Young Healthy Minds is hosting programs on parenting when pot is legal, TV watching for teens and 2-year-olds, and parenting a politically active teenager in the age of social media.

The MGH will convene an important community discussion in historic Faneuil Hall on the student-led movement against gun violence. Special guest David Hogg – a survivor of the Marjory Stoneman Douglas High School shooting and co-founder of March for Our Lives – will join Chana Sacks, MD, of the MGH Department of Medicine and co-founder of the MGH Gun Violence Prevention Coalition, and moderator Rev. Mariama White-Hammond, pastor at Boston's New Work AME Church.

Register for a free HUBweek pass and see the full HUBweek schedule at www.hubweek.org. 



SCHEDULE OF MASS GENERAL HUBWEEK SESSIONS



MAKING 'ALL OF US' WORK FOR ALL OF US: CHALLENGES AND HOPES FOR DIVERSITY IN PRECISION MEDICINE

**OCTOBER 9 | 10:00 A.M. – 11:30 A.M.
RUSSELL MUSEUM**

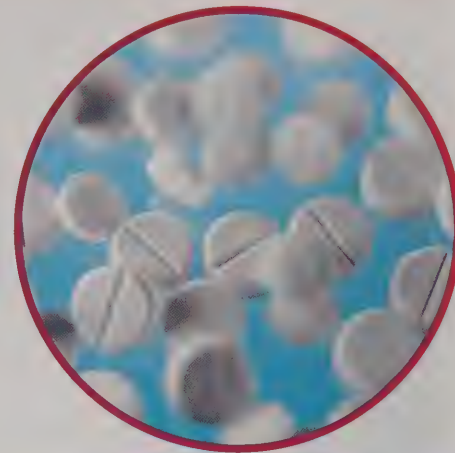
In May 2018, the National Institutes of Health (NIH) launched the All of Us Research Program, aimed at partnering with 1 million people nationwide to accelerate treatment and improve health through precision medicine. All of Us New England will host a conversation about trust and inclusion, and will focus on historical disparities in research, the importance of representation, and the hope for precision medicine, and a new era where research, health care providers and patients work together to develop individualized care. Panelists include: Jonathan Jackson, PhD, MGH Community Access Recruitment & Engagement (CARE) Research Center; Scott Weiss, MD, Partners HealthCare Center for Personalized Medicine; and Jose Iraheta, The Neighborhood Developers in Chelsea. Susan Edgman-Levitan, PA, John D. Stoeckle Center, will moderate.



ART OF TALKING SCIENCE COMPETITION: STUDENTS TAKE THE STAGE

**OCTOBER 9 | 4:00 P.M. – 6:00 P.M.
RUSSELL MUSEUM**

The MGH Research Institute welcomes science stars from Boston Public schools to present their science projects in front of a live audience and a panel of celebrity judges. This fun, informal competition – a HUBweek tradition – was established to help scientists communicate their work in an accessible and engaging way. Each student has four minutes to present their science and receive feedback from a panel of expert communicators, including *WBUR*'s Carey Goldberg, *WCVB NewsCenter 5*'s Emily Riemer and *STAT*'s Eric Boodman.



BREAKING THROUGH IN ADDICTION TREATMENT FOR YOUNG ADULTS

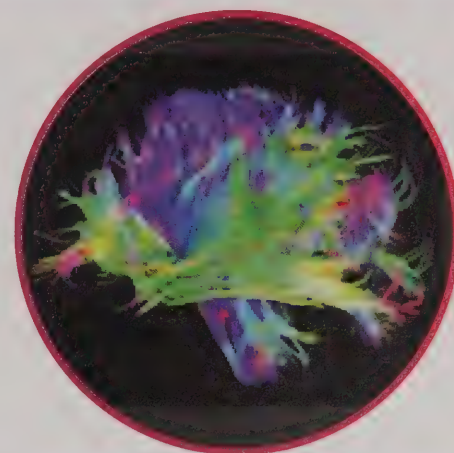
**OCTOBER 10 | 4:00 P.M. – 5:00 P.M.
THE HUB AT CITY HALL PLAZA**

New research is improving the understanding of the unique aspects of addiction and recovery in the 18-25 age group. Not everyone who uses alcohol or drugs will become addicted, and many young adults may not think their substance use is a big deal, especially if friends and co-workers drink or use drugs. But it is important to understand the impact of substance use and the warning signs of addiction. Treatment and recovery experts Martha Kane, PhD, MGH Center for Addiction Medicine, and Scott Hadland, MD, Boston Medical Center, discuss the latest innovations.

MGH CLINICIANS ARE ACTIVE THROUGHOUT HUBWEEK.

Peter L. Slavin, MD, MGH president, will welcome attendees at the Faneuil Hall program about ending gun violence with March for Our Lives co-founder David Hogg on Oct. 14.

Katrina Armstrong, MD, MGH physician-in-chief, will discuss the future of academic medicine in HUBweek's Hall of the Future on Oct. 10.



LAUGHTER YOGA

OCTOBER 11 | 9:00 A.M. - 10:00 A.M.
THE HUB AT CITY HALL PLAZA

A little laughter is the best medicine, right? It can be great exercise too. Studies show that laughter yoga can have a positive effect on sleep disorders, help to reduce anxiety and depression, and promote social function. This experiential session combines laughter exercises with relaxing yoga breathing techniques. No previous yoga experience is necessary, just a desire to laugh and cultivate joy. The class is led by Laura Malloy, LICSW, MGH Benson-Henry Institute for Mind Body Medicine.

PARENTING WHEN POT IS LEGAL. NOW WHAT?

OCTOBER 11 | 10:00 A.M. - 11:00 A.M.
THE HUB AT CITY HALL PLAZA

Many parents struggle with how to talk to their kids about marijuana now that recreational pot is legal in Massachusetts – and studies that show that nearly 40 percent of teens try marijuana before they graduate high school. In this session, Jodi Gilman, PhD, MGH Center for Addiction Medicine, and Gene Beresin, MD, MGH Clay Center for Young Healthy Minds, will discuss what parents need to know, the science behind pot and the developing brain, early warning signs, the alcohol versus pot debate, driving under the influence of marijuana, and how the pot industry has learned from the tobacco industry to target teens.

DEPRESSION, HEART HEALTH AND YOUR BRAIN: WOMEN AT RISK

OCTOBER 12 | 11:00 A.M. - NOON
THE HUB AT CITY HALL PLAZA

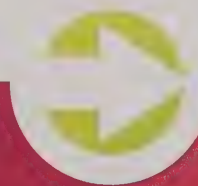
Experts predict that co-occurring major depression and heart disease will be the greatest cause of disability worldwide by 2020 – and women face twice the risk of men. Why is it that the co-occurrence of depression and heart disease affects women disproportionately? Jill Goldstein, PhD, MGH Women, Heart and Brain Global Initiative, will discuss the developing therapeutics and policy initiatives to tackle this daunting public health challenge, which has major economic implications impacting health and health care today and in the future.

Anne Eden Evins, MD, Center for Addiction Medicine, is a panelist on implementing the state's new recreational pot law on Oct. 10.

Margaret Baim, NP, **Katherine Rosa, NP**, and **Darshan Mehta, MD**, from the Benson-Henry Institute for Mind Body Medicine, will lead daily meditation and mindfulness sessions, Oct. 10-12.

David Y. Ting, MD, MGPO chief medical information officer, is a panelist on an Oct. 9 talk about improving patient safety.

Alister Martin, MD, Emergency Medicine, and **Helen Riess, MD**, Department of Psychiatry, are leading sessions at HUBweek's first "Change Maker" conference Oct. 8-9 – a multidisciplinary experience to build community, inspire, plan and problem-solve for the future. **Conor Evans, MD**, Wellman Center for Photomedicine; **Jayashree Kalpathy-Cramer, PhD**, Radiology; and **Patrick Purdon, PhD**, Anesthesia, Critical Care and Pain Medicine, also are part of the Change Maker conference.



OCTOBER 14
**RAISING HEALTHY
CHILDREN**

**SEE BACK PAGE FOR
SUNDAY SESSIONS!**

Morning workout/Morning mindfulness – for kids and parents

10:00 A.M. – 11:00 A.M. | THE HUB AT CITY HALL PLAZA

New research from MassGeneral Hospital for Children shows that one hour of exercise at least three days per week is important in improving well-being and maintaining a healthy body weight. An initiative of the Reebok Foundation, the BOKS (Build on Our Kids Success) morning exercise program is being used in more than 3,000 elementary and middle schools in the U.S. and other countries. Parents and children are encouraged to join this special demonstration of exercise and mindfulness led by Elsie M. Taveras, MD, MGH Department of Pediatrics, and Rana Chudnofsky, MGH Benson-Henry Institute for Mind Body Medicine.

Generation activist

11:00 A.M. – NOON | THE HUB AT CITY HALL PLAZA

The tragic shooting at Marjory Stoneman Douglas High School in Parkland, Florida gave voice to teen survivors and paved the way for a nationwide, student-led March for Our Lives. From gun control and Black Lives Matter, to immigration and climate change, have children lost their innocence? Have youth been pressured into taking responsibility for things adults should be leading? Gene Beresin, MD, Steve Schlozman, MD, and Ellen Braaten, PhD, from the MGH Clay Center for Young Healthy Minds, debate the benefits, risks and overall impact of activism on adolescence in a world of 24/7 digital media.

TV watching for teens and 2-year-olds

NOON – 1:00 P.M. | THE HUB AT CITY HALL PLAZA

From official guidelines for little ones, to best practices for older kids and teenagers, Gene Beresin, MD, MGH Clay Center for Young Healthy Minds, delves into common parental concerns about TV watching and our children. How does television affect the brain, how much is too much, and when and how do we set limits? Join the conversation about promoting healthy young minds in a digital world.

Kids, sleep, and obesity:

Understanding the connection

4:00 P.M. – 5:00 P.M. | THE HUB AT CITY HALL PLAZA

According to the Centers for Disease Control and Prevention, 1 in 5 children in the U.S. is overweight or obese. Genetics, diet and physical activity all play a role in this epidemic – but so does lack of sleep. Studies have shown that toddlers who do not get enough sleep, have trouble either falling asleep or sleeping through the night are at greater risk for childhood obesity. Fatima Cody Stanford, MD, MGH Weight Center, leads this discussion.



A new revolution: Young people rise up against gun violence

4:00 P.M. – 5:30 P.M. | FANEUIL HALL

David Hogg, a survivor of the Marjory Stoneman Douglas High School shooting and a co-founder of March for Our Lives, is the featured guest at this important conversation on the successes and challenges of the nationwide student-led movement to end gun violence. He will be joined by Chana Sacks, MD, Department of Medicine and co-founder of the MGH Gun Violence Prevention Coalition, and moderator Rev. Mariama White-Hammond, pastor of New Work AME Church in Boston.

**REGISTER FOR A
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PASS ONLINE.**

**For more information, visit
www.massgeneral.org/hubweek.**

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AND THE AWARDEES ARE: Scholarship recipients and AMMP members with Jeff Davis, senior vice president of Human Resources, at right.

Scholarship offers opportunity to advance careers

NINE MGHERS recently were honored with 2018 Association of Multicultural Member of Partners (AMMP) Scholarship Awards. The scholarships are one of the many ways AMMP helps its members gain the education needed to broaden their skills and advance in their careers at the MGH.

"It really means a lot to see you – individuals of all backgrounds and walks of life – take advantage of these opportunities to help you move forward in your careers," said Jonathan Gonzalez, senior finance manager in the Pathology Department and AMMP chair. "We are so excited to see you challenge your minds and become the scholars we know you can be."

The 2018 scholarship recipients – honored Sept. 12 at an East Garden Room breakfast ceremony organized by Sandra Thomas, staff assistant in the Patient Care Services Office for Quality and Safety and AMMP scholarship chair – are Mimi Adams, Internal Medicine;

Altrecia Henry, Human Resources; Laxmi Kasti, RN, White 9; Orleuse Louis, Nutrition and Food Services; Lisa Leung-Tat, Cancer Center; Emmanuella Paris, Ellison 9; Idriss Slaoui, Anesthesia, Critical Care and Pain Medicine; Eron Senfuma, Emergency Medicine; and Gwendolyn White, Cancer Center.

"You may not know it, but you could be the inspiration to countless others who decide they want to go back to school based on your example," said Rolando Mercado, community resource specialist in the MassGeneral Care Management Program and AMMP public relations chair.

AMMP is committed to the advancement, retention, recruitment and development of multicultural professionals into leadership roles at all levels and areas of the MGH, MGPO and Partners. For more information or to become a member, email phsammp@partners.org. ■



Family fun at Fenway

ON AUG. 28, members of the MGH Committee for Latino Initiatives (CLI) and MassGeneral Hospital for Children (MGHfC) teamed up at Fenway Park to educate visitors during the El Mundo Latino Family Festival.

The group included CLI members – from left, Magaly Valentin, Human Resources business partner; David Marquez, MGH Police and Security officer; Awilda Lalande, operations manager in Patient Care Services; Yocelin Cordones, MGHfC administrative coordinator; and Katia Canenguez, PhD, MGHfC Child and Adolescent psychologist. The group offered raffle tickets for movie tickets and two bicycles, and handed out MGH giveaways.

"I am proud of our presence at the family festival because it shows the Boston community at large our commitment and involvement within our Hispanic culture," says Valentin.

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ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events. This month's column includes a new strategy for increasing the effectiveness of surgical anesthesia, a connection between fibromyalgia and brain inflammation, and a quicker, more accurate way to test the effectiveness of treatments for muscular dystrophy.

NEW STRATEGY FOR ANESTHESIA COULD REDUCE DOSES AND IMPROVE OUTCOMES FOR PATIENTS

People sometimes mistakenly think of general anesthesia as a deep state of sleep, but anesthesia is actually four distinct brain states – unconsciousness, amnesia, immobility and suppression of the body's damage sensing response, or "nociception."

In a new paper, Emery Brown, MD, PhD, director of the MGH Neuroscience Statistic Research Laboratory in the Department of Anesthesia, Critical Care and Pain Medicine, and colleagues argue that by putting nociception at the top of the priority list, anesthesiologists can use far less medication overall and may be able to bring patients out of anesthesia more quickly.

Using a similar strategy to manage pain during the post-operative period may also help to reduce the need for opioids, which has been a major goal in the wake of the current opioid addiction crisis.

STUDY FINDS LINKS BETWEEN FIBROMYALGIA AND BRAIN INFLAMMATION

Fibromyalgia – characterized by symptoms

including chronic widespread pain, sleep problems, fatigue and problems with thinking and memory – affects an estimated 4 million adults in the U.S., according to the Centers for Disease Control and Prevention.

A key challenge in diagnosing and treating patients with fibromyalgia is that there have been no reliable biological indicators of the disease. Patients are typically diagnosed after other conditions have been ruled out, which also makes it difficult to assess the effectiveness of treatments.

A new study from Marco Loggia, PhD, of the MGH-based Martinos Center for Biomedical Imaging, has identified widespread inflammation in the brains of fibromyalgia patients. While previous research has suggested that neuroinflammation has a role in the condition, this study is the first to provide visual evidence through MR/PET brain imaging.

Loggia says the findings could help researchers identify and test new treatment targets. "It should also reduce the persistent stigma that many patients face, often being told their symptoms are imaginary and there's nothing really wrong with them."

A BETTER WAY TO ASSESS THE EFFECTIVENESS OF MUSCULAR DYSTROPHY TREATMENTS

MGH researchers have found that measuring levels of extracellular RNA (exRNA) – molecules carried in several bodily fluids – in urine can help track the progression of the two most common forms of muscular dystrophy.

The team is the first to show that urine exRNA can be used to monitor systemic diseases that do not directly affect the urinary tract. The findings could help in developing new treatments for muscular dystrophy by offering a convenient, painless and low-cost way to track the activity of the disease and the response to therapeutic drugs. The current testing method involves taking biopsies of muscle tissue.

"Urine exRNA monitoring could determine whether a drug is reaching its target long before clinical effects on muscle function could be detected and may enable early identification of whether dosage adjustments may be required – something that would be impossible with invasive muscle biopsies," says Thurman Wheeler, MD, MGH neurologist and senior author of the study. ■

'Forging a more equitable future'

"HOW DO WE CREATE a culture that really fixes the inequity of opportunity in leadership?"

It was one of the questions posed by keynote speaker Kathryn M. Rexrode, MD, MPH, chief of the Division of Women's Health in the Brigham and Women's Hospital (BWH) Department of Medicine and director of the BWH Office for Women's Careers, during the 21st Annual Women in Medicine Month Celebration hosted by the MGH Office for Women's Careers. Rexrode's talk focused on the topic, "An Interwoven Journey: Women's Health and Advancement of Women Faculty."

"I never thought I would be a researcher," Rexrode said, noting she initially thought she would become a clinician-educator, but after some early formative experiences, she found her passion ignited in research. "You find that you often are at a place in your career where you don't yet know the narrative. One discovery leads to other paths."

Rexrode discussed gender bias in medicine, how unconscious gender bias can affect both faculty and patients, and how women have often been underrepresented in clinical trials. "We need more women in medicine, in part to address gender-specific care and women's health," she said. Rexrode also shared some of the advice and lessons that helped her along her journey, including being true to one's values, growing a network, creating allies and seizing opportunities that come one's way.

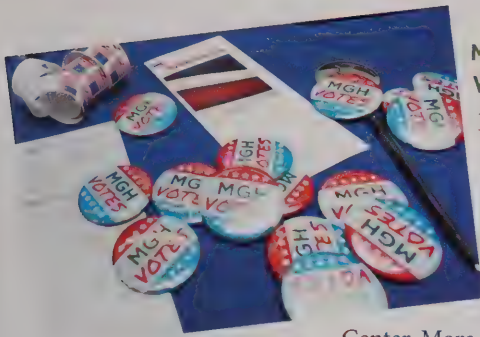
During the Sept. 12 event, Peter L. Slavin, MD, MGH president, recognized 11 women newly appointed as full professors at Harvard Medical School. And Nancy Rigotti, MD, director of the MGH Office for Women's Careers, honored the Claflin Distinguished Scholars and Jennifer Temel, MD, as the John T. Potts, Jr., MD, Faculty Mentoring Awardee – the first woman to be honored in the award's history.

"Gender equity is essential because we need the talent of the entire workforce, all of the intelligent minds – men and women alike – to maximize clinical and scientific advancement," said Rexrode. "Thank you to all of those who are committed to forging a more equitable future." ■



POSITIVE PATHFINDERS:
From left, Slavin, Rexrode and Rigotti

MGH Votes! Promoting healthy habits



MGH STAFF, PATIENTS AND VISITORS turned out to participate in National Voter Registration Day on Sept. 25, visiting information tables at the main campus, Assembly Row and the MGH Chelsea HealthCare

Center. More than 200 people registered

to vote in Massachusetts at the events and hundreds more stopped by to pick up an "MGH Votes" pin, educational materials and to pose for pictures to share their support of the program and their pledge to vote.

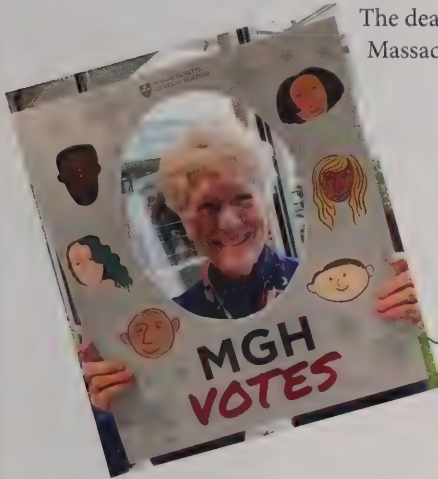
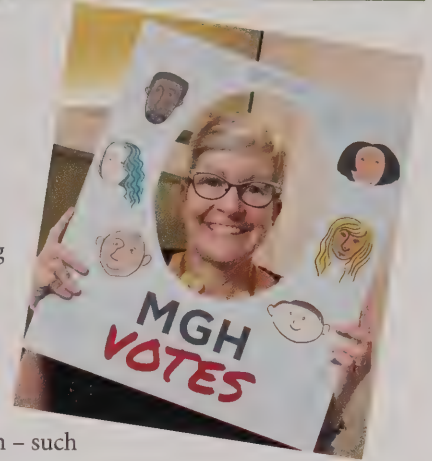
Sponsored by the Physicians for Policy Action, the Mass General Physicians Organization, and Nursing and Patient Care Services, the MGH Votes initiative will continue throughout the month, with registration events taking place in several departments and at:

- MGH Charlestown HealthCare Center: Oct. 10 from 3 to 7 pm, Oct. 11 from noon to 4 pm and Oct. 12 from 7:30 to 10 am
- MGH Revere HealthCare Center: Oct. 15 from 9 am to 3 pm

The deadline to register to vote in Massachusetts is Oct. 17.

MAKE A VOTING PLAN

- What time of day will you vote? Polls are open from 7 am to 8 pm EST.
- Do you know your polling location?
- How will you get to the polls? Will you drive, take public transportation or walk?
- Do you have identification – such as a driver's license, state-issued ID card, recent utility bill, rent receipt, lease, copy of voter registration affidavit – in case you need to show it during check-in at your polling place?
- Have you marked the date on your calendar and set a reminder for the day before?
- If you can't make it to the polls on Nov. 6, do you know that early voting is available for all Massachusetts voters? A list of locations for early voting is available at www.MassEarlyVote.com.
- Do you plan to be out of town on Election Day or do you have a disability or religious belief that prevents you from going to your polling location? You may qualify for an absentee ballot. ■



Don't wait, vaccinate!

MORE THAN 10,000 MGH staff have been vaccinated against seasonal flu at one of the many employee flu clinics hosted in the past several weeks at the main campus, health centers and offsite locations. This vaccination information has been recorded in each employee's PeopleSoft database.

Staff who have received the flu shot from anyone other than a peer "flu champion" or from MGH Occupational Health should email documentation of their vaccine to occhealth@partners.org.

As a reminder, all employees, professional staff, volunteers and non-employees must receive the vaccine before Nov. 15. The deadline for submitting Medical Exemption requests – which must be sent to Occupational Health – or a Religious Exemption request is Oct. 15.

Flu shots are available from 7 am to 5 pm weekdays at Occupational Health, or by visiting one of the flu shot clinics. For more information, visit www.askmyHRportal.com.



Lasting legacy: Phillips Society members lauded at luncheon

DANIEL HABER, MD, PHD, director of the MGH Cancer Center, outlined current opportunities and challenges in cancer research and treatment, and provided a vision to meet them during a presentation at the 13th annual Phillips Society luncheon Sept. 7.

"The approach revolves around early cancer detection in combination with blossoming precision treatments like genetically-targeted and immune-based therapies," Haber said. "The past decade has brought successive waves of breakthroughs for many types of cancer, with some of the toughest cancers becoming the most treatable. But treatments for advanced cancer remain arduous and, too frequently, unsuccessful."

He added, "What if we could diagnose cancers at a stage when they are most likely to be curable and when the treatments may be less difficult?" Using the science and technology of imaging and blood analysis, and the clinical expertise from across the MGH to catch cancer early is the MGH Cancer Center's highest priority, he said.

The annual event celebrates the impact of philanthropy from Phillips Society members – a group of individuals who include the MGH in their estate plan through a will or other planned gift – and those who establish an endowed fund.

Peter L. Slavin, MD, MGH president, welcomed the more than 200 guests and thanked the Phillips Society members for being "the lifeblood of this hospital." ■



MEET AND GREET: Roman DeSanctis, MD, director emeritus of Clinical Cardiology and Phillips Society ambassador, chats with society members before the luncheon.

Information Security and Privacy Awareness Week 2018

OCT. 15-19 MARKS the sixth annual Partners HealthCare Information Security and Privacy Awareness Week. Learn how to connect with care and protect privacy at work and home. Explore Privacy's website, take a poll or visit the awareness table by the stairwell at Eat Street Café Oct. 17 to be entered into a raffle to win an Amazon gift card.

STOP. THINK. CONNECT.



KEEP A CLEAN MACHINE

Keep security software current: Having the latest security software, web browser and operating system is the best defense against viruses, malware and other online threats.



PROTECT YOUR PERSONAL INFO

Refuse to reuse: Having separate passwords for every account helps to thwart cybercriminals. At a minimum, separate your work and personal accounts and make sure that your critical accounts have the strongest passwords.



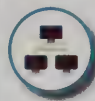
CONNECT WITH CARE

When in doubt, report it: Links in emails, social media posts and online advertising are often how cybercriminals try to steal your personal information. If something looks suspicious, report it to the IS Service Desk and delete it.



BE WEB WISE

Back it up: Protect your valuable files, music, photos and other digital information by making an electronic copy and storing it safely. Save Partners business documents to your Partners H-Drive or SFA, not your desktop.



OWN YOUR ONLINE PRESENCE

Be aware of what's being shared: Set the privacy and security settings on web services and devices to your comfort level for information sharing. It's OK to limit how and with whom you share information.

Partners Information Security & Privacy Awareness Week 2018

For more information visit pulse.partners.org/isp_awareness or contact your institution's Information Security or Privacy Officer.

Bowditch Prize call for nominations

NOMINATIONS ARE NOW being accepted for the 2019 Nathaniel Bowditch Prize. The \$5,000 prize is awarded each year by the MGH Board of Trustees to any person or team – clinical or nonclinical – who has made a significant contribution to improving quality of care at the MGH while reducing the cost of such care. All nominations for the Bowditch Prize should be submitted by Nov. 15 to BowditchPrize@partners.org, or delivered to Andrew Warshaw, MD, chairman of the selection committee, in Bulfinch 370C. The nomination form is available by visiting apollo.massgeneral.org.



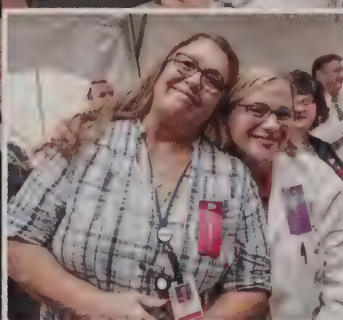
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Pins, ribbons and dancing: Celebrating Ether Day 2018



THE ANNUAL ETHER DAY celebration Oct. 12 recognized and celebrated 3,470 MGH employees who have worked at the MGH for 5 years, 10 years, 15 years, and continuing up in 5-year increments. Those honored received pins and ribbons for their respective years to wear throughout the day.

This year, for the first time in Ether Day history, a 70-year pin was created. Donning that special pin was Paul S. Russell, MD, senior surgeon and chief emeritus of the MGH Transplantation Unit, pictured top left, a pioneer in the field of transplant surgery. Russell was chief of surgery from 1962-1968, directed the MGH Transplantation Unit from 1968-1990 and founded what is now known as the New England Organ Bank.

Russell, along with MGHers celebrating milestones of 20 years or more, also were invited to attend a special Ether Day Dinner Oct. 18. View all the honorees and event photos at apollo.massgeneral.org/etherday. ■

MGH opposes Question I

Proposal would critically impact emergency department wait times and decrease access to care

THE MGH HAS ANNOUNCED its opposition to mandated nurse staffing ratios, citing the devastating impacts the rigid government requirements would have on nurses' ability to provide emergency care to patients. On the Massachusetts ballot this November as Question I, these unnecessary and unfounded staffing requirements also would dramatically increase emergency room wait times and delay lifesaving services in hospitals across the state.

"I worry that this will really increase wait times for our patients in the Emergency Department," says Ali Raja, MD, vice chairman of Emergency Medicine. "Nobody should have to wait for care just because a mandated ratio – rather than the professional opinion of an ED nurse – says they should."

The enormous costs and operational hurdles associated with implementing the nurse staffing ratio would set the MGH back \$9.4 million in the Emergency

(Continued on page 4)

"The reality is, in the Emergency Department we've always been able to shift our resources of nursing care to be able to care for very sick patients as well as very stable patients at the same time. This bill will tie our hands and change how we care for patients."

– **Bridget Garabedian, RN, Emergency Department, left**



"For the ER to function at its best, we need to be able to make critical decisions in a timely manner and be able to relocate staff in a moment's notice."

– **Abby Fleisig, RN, Emergency Department, right**

Patient Access gives back

MGH PATIENT ACCESS SERVICES celebrated National Patient Access Week, Sept. 24 - 28. In recognition of this year's "Patient Access Gives Back" theme, staff of Admitting Services – made up of bed management, OR scheduling and admissions coordinators – joined Financial Services – comprised of the Central Authorization Unit and financial counseling teams – and their Business Services colleagues to network, participate in team-building exercises and volunteer.

Events for the week included:

- A keynote address by Sally Mason Boemer, senior vice president of MGH Administration and Finance.
- Serving meals at the New England Center and Home for Veterans.
- Writing letters for active U.S. troops to be distributed by Pease Greeters, a non-profit organization in New Hampshire that welcomes troops, Department of Defense employees, civilian contractors and occasionally working military dogs, as they return or deploy through Portsmouth International Airport at Pease.
- Hosting a canned food drive.
- A kick-off breakfast and ice cream social.



ARTS AND CRAFTS: Patient Access Services employees create letters for U.S. troops.

"We welcomed this opportunity to spend time together to make a difference by giving back in our local communities," says Ben Orcutt, director of Patient Access Services.

"We look forward to participating in other volunteer efforts in the future and, as always, we look forward to continuing to serve MGH patients with accurate, respectful and professional service." ■



WHEN IN DISTRESS: Four teams of MGHers have recently deployed to assist in relief efforts following a humanitarian crisis abroad and natural disasters in the U.S. Kim Waugh, RN; Kristen Wilson, RN; Amanda Tetreault, PT; and Lindsey Martin, NP, (pictured left) comprise a team sent by the MGH Center for Global Health that is currently serving aboard the USNS Comfort to assist those affected by the Venezuelan migrant crisis in South America.

Martin and Lynn Black, MD, also were sent to North Carolina in early September with the International Medical Corps in response to Hurricane Florence.

The center has also sent a team – including Maya Ginns, NP; Susan Goguen, RN; Karla Haney, RN; Philip Manners, MD; and Amy Cameron, PA – to areas affected by Hurricane Michael near the Florida panhandle. MGHers serving on the MA-1 federal Disaster Medical Assistance Team (DMAT) also deploying in response to the hurricane include Paul Biddinger, MD; Jacky Nally, RN; Dave Mather; Monica Staples, RN; Lisa Anahory, RN; and Allison Curtis, RN.

Benefits Enrollment starts Oct. 29

OPEN ENROLLMENT for 2019 benefits kicks off Oct. 29 and runs until Nov. 20. AllWays Health Partners – Partners' new health plan administrator – will provide customer service, claims processing and a national provider network for health plans starting Jan. 1, 2019.

This is your chance to review your current benefits and explore others that are available to you from Partners HealthCare. It's a good time to think about any life changes you've experienced since your last enrollment period and how they might affect your benefit needs in 2019. Have you started a family? Did one of your children start college? Are you thinking about retiring in the near future? Also, look back at the past year and how much you've used your health care benefit. Does it warrant a change in plans for next year?

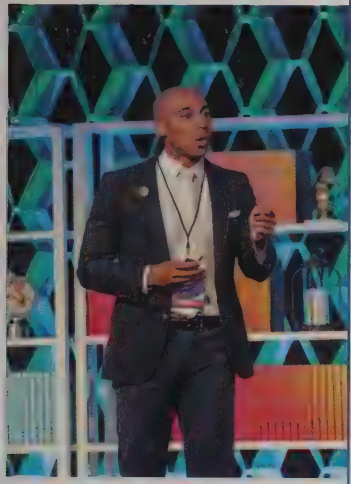
Four key areas of Open Enrollment:

- Review your 2019 health plan options. You'll still have two health plan options: Partners Plus and Partners Select.
- Explore Supplemental Life and Accidental Death & Dismemberment (AD&D) coverage. MetLife is offering new life insurance options to Partners HealthCare employees, in most cases without requiring proof of good health during this Open Enrollment period only. The coverage can help protect your spouse and children if the unthinkable happens.
- Check into Flexible Spending Accounts. Partners HealthCare offers both Health Care and Dependent Care Flexible Spending Accounts. These accounts help employees pay for qualifying health care or dependent care expenses using pre-tax dollars. The tax-free accounts can save you hundreds of dollars annually, but you must enroll each year.
- Examine additional benefits, such as dental, vision, disability and retirement. Partners offers a wide range of other employee benefits. New this year: Employees can use Davis Vision benefits to buy eyeglass frames or contact lenses online.

Partners HealthCare and AllWays Health Partners will host dozens of informational events during the Open Enrollment period. For more information, visit [AskMyHr](#) or call the HR Support Center at 1-833-275-6947.

HUBweek happenings

HUBWEEK 2018 reaffirmed Boston's unique role at the intersection of science, art and technology, and showcased the fourth annual civic collaboration of Harvard, the MGH, MIT and the *Boston Globe*. A total of 37 MGH clinicians participated in 18 different HUBweek programs throughout the Oct. 8-14 week. The MGH Research Institute mentored young scientists from Boston Public Schools in a science communication competition. The MGH convened an important conversation on student-led efforts to end gun violence. The Clay Center helped parents and teachers talk with kids about online gaming and student activism. The MGH Center for Addiction educated HUBweek audiences on the science of recreational marijuana and on addiction in young adults. And MGH was featured in discussions of clinical and research breakthroughs in Alzheimer's disease and the microbiome. ■



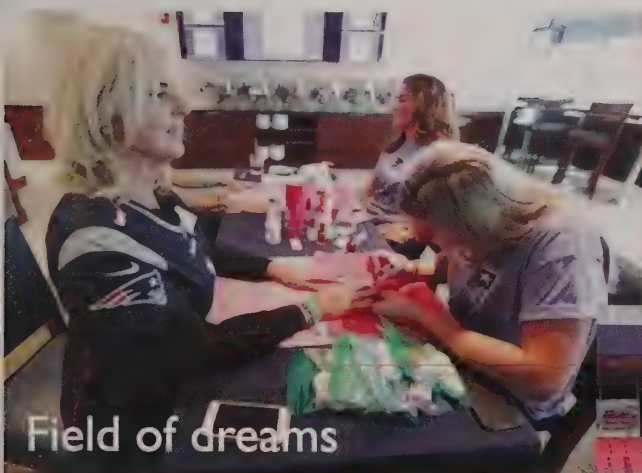
PAMPERED BY THE PROS: Kathy Bazazi, retail manager of the MGH Images Oncology Boutique, received the star treatment Oct. 11 at Gillette Stadium, as she was treated to a "Day of Pampering" hosted by the Patriots Foundation. The day celebrated the strength and courage of 13 women who are battling or have completed treatment for cancer. It included car service to and from Gillette Stadium, a healthy breakfast, spa treatments, tips from a nutritional expert, lunch and a tour of the stadium field. During lunch the group was surprised with tickets to that night's Patriots home game, where they were honored during the pregame ceremony.

"The day of pampering was amazing," says Bazazi, who has completed her cancer treatment. "Not only was it inspiring and relaxing, it was so nice to see so many caring people giving their time for us. It was wonderful to meet Patriots owner Robert Kraft and the Patriots players."

Kathy Bazazi



Field of dreams



– Question 1

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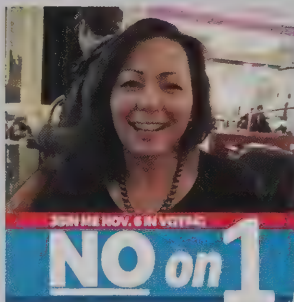
Department alone – \$34.1 million a year across the institution – and would translate to severely negative impacts. Wait times in the emergency room would dramatically increase, causing delayed services throughout the hospital – including those that are time-sensitive and lifesaving. Question 1 would limit capacity in the MGH Emergency Department by more than 100 patients a day.

There are no exceptions to this mandate, even in the event of an unexpected influx of patients – such as a multi-car crash, large fire or tragedies such as the Boston Marathon bombing. According to an independent study by MassInsight and BW Research Partners, mandated nursing staffing requirements would exacerbate the current nursing shortage, which is highest in psychiatric units at 7.8 percent, and in emergency departments at 7.5 percent.

The ballot question would require that hospitals across the state, no matter their size or specific needs of their patients, adhere to the same rigid nurse staffing ratios within all patient care areas at all times. The petition does not make allowances for rural or small

“Voters – future patients nearly all – have every reason to reject Question 1.”

– Oct. 18 Wall Street Journal Opinion: “Bad Bedside Manner in Massachusetts: Nurse-to-patient ratios would drive up costs and cut health-care access”



“Question 1 is too rigid, imposing fines on an already difficult-to-access health care system. I’m voting no because nurses understand patients’ needs better than the government does.”

– Donna Tito, RN, staff nurse



“Voting no on Question 1 is very important to me to make sure we can still use our judgement and flexibility as nurses to provide safe care for our patients.”

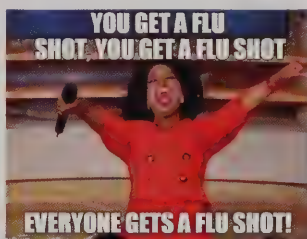
– Stevenson Morency, RN, Med-Surg Unit

community hospitals, holding them to the same staffing ratios as major Boston teaching hospitals.

If Question 1 passes, the MGH would be required to hire more than 170 new nurses to meet the ratios, leaving only 37 business days to hire, onboard and train these new nurses. If the staffing

ratios are left unmet on Jan. 1, 2019, beds, units or even whole hospitals may have to close or suspend services.

For more information, visit Apollo, the MGH intranet, or the Coalition to Protect Patient Safety at www.protectpatientsafety.com. ■



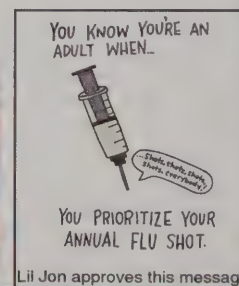
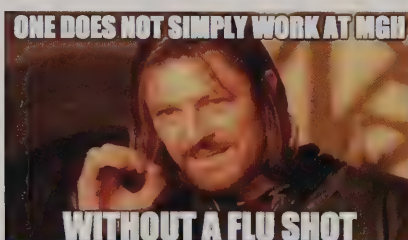
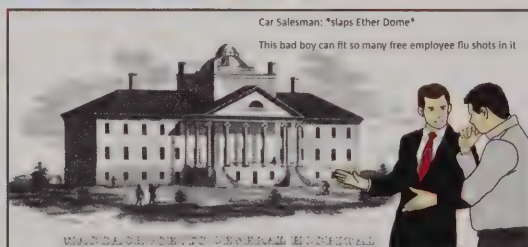
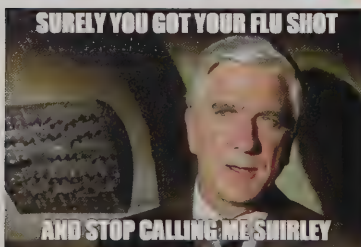
Let the judging begin

IN AN EFFORT to spread the word for employees to get their annual flu shot, Apollo – the MGH intranet – invited staff to get creative and submit a flu shot meme. From more than 100 submissions, the judges narrowed down the memes to 10 finalists, and your help is now needed to vote for your favorite and help determine the winner.

Voting will run from Oct. 22 through Oct. 28.

One vote per staff member. To view entries and vote, visit <http://apollo.massgeneral.org/flu-meme-contest-2018>.

Remember to visit one of the MGH Flu clinics or MGH Occupational Health to get your flu shot by Nov. 15. ■



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From the hospital to the Himalayas: One patient's journey



ADVENTURE AFTER SURGERY:
Parmelee at the Annapurna base camp in Nepal

SOUTH SUDAN is the world's youngest nation. The landlocked country in East-Central Africa was forged in the shadow of a 14-year bloody civil war, gaining its independence in 2011 only to erupt into a political power struggle and new civil war in 2013. These wars crippled the fledgling nation, increasing poverty levels and stalling the development of infrastructure in most areas, from agriculture to transportation to medical care. Amid this chaos, many relief groups and dedicated individuals have helped refugees, including Bruce Parmelee of Binghamton, New York.

"In 2014, I deployed to assist in an aid mission stationed in Abyei, South Sudan, very close to the Sudanese border," says Parmelee. "My role was to assist in the immediate needs of repatriating refugees – folks who had nothing but a bundle on their back, no home and were sleeping on the ground. As part of our efforts we distributed shelter kits, designed and sourced locally, and instructed people in how to assemble them."

Parmelee, who was 65 years old at the time, was used to working in intense environments. For years, he assisted in humanitarian efforts across a host of war-torn areas throughout the Middle East and Africa. But this mission was different. He noticed he was losing his stamina quickly, becoming increasingly ill with each passing day.

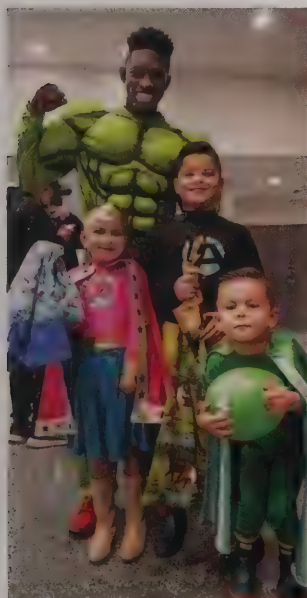
"Almost overnight, my energy disappeared," he says. "I was unable to keep pace with the daily rigors which had never impacted me on this level. Finally, I realized something was medically wrong."

After seeking medical care, Parmelee was advised to leave the country immediately. After returning home he was admitted to his local hospital's emergency room. Three days later he was diagnosed with liver cancer. His sister encouraged him to seek treatment at the MGH, and he began the process (Continued on page 4)

A ghoulish good time

FRIGHT-FILLED FUN: MGH pediatric patients paraded through the Yawkey building collecting treats during the MassGeneral Hospital for Children Cancer Center and Department of Radiation Oncology trick-or-treating parade. Costumed patients – including Cristopher Chavarria, 6, at right, with MGH Police and Security officers – and their siblings filled pillowcases – donated by Ryan's Case for Smiles – with goodies distributed by staff. Superhero patients were thrilled to meet the Incredible Hulk, New England Revolution player Jalil Anibaba.

Other frightful festivities were celebrated leading up to Halloween. The Oct. 17 Spirit of Children program – sponsored by Spirit Halloween Superstores – featured pumpkin painting, free costumes and ghoulish goodie bags. On Oct. 21, the Center for Dietary Therapy of Epilepsy and the THRIVE program hosted its "Ketoween" party at the Museum of Science, featuring diet-safe snacks for pediatric epilepsy patients. And, the MGH Police, Security and Outside Services PUPP (Police Uniting with Pediatric Patients) Program screened spooky movies on Oct. 24.



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ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

HALTING CANNABIS USE IMPROVES BRAIN FUNCTIONS IMPORTANT FOR LEARNING IN ADOLESCENTS AND YOUNG ADULTS

The forgetful “stoner” student may seem like a tired cliché from teen movies, but it turns out there is scientific evidence that regular cannabis use can have a negative impact on learning and memory in adolescents and young adults.

A recent MGH research study found that regular cannabis users who stopped for a month showed measurable improvements in learning and memory tests when compared to a similar group who continued using cannabis during the testing period.

Study participants were 88 individuals aged 16-25 who reported using cannabis every week. Both groups – those who continued to use cannabis and those who agreed to stop – completed regular tests in thinking and memory during the study period and provided urine samples to confirm they were following the study protocols.

Researchers found that only those who stopped using cannabis had improved test results during

the study, with the most significant improvements coming in the first week. The study was led by Randi Schuster, PhD, director of Neuropsychology at the MGH Center for Addiction Medicine.

“Our findings provide two pieces of convincing evidence,” says Shuster. “The first is that adolescents learn better when they are not using cannabis. The second – which is the good news part of the story – is that at least some of the deficits associated with cannabis use are not permanent and actually improve pretty quickly after cannabis use stops.”

COULD ALTERING REGULATION OF THE BRAIN'S IMMUNE CELLS IMPROVE TREATMENT OF NEURODEGENERATIVE DISEASE?

An MGH research team led by Susan Hickman, PhD, and Joseph El Khoury, MD – both of the Rheumatology, Allergy and Immunology Division – proposes that targeting molecules that regulate the activity of microglia – immune cells within the brain – may help treat important neurodegenerative disorders.

Microglia have three roles: as sentinels, monitoring the brain for unusual changes; as nurturers, promoting the well-being of healthy neurons by clearing out dying cells and debris; and as warriors, defending the brain against infections and toxins by launching an inflammatory attack. In healthy brains, checkpoint molecules keep microglia from attacking healthy cells. But neurodegenerative diseases such as Alzheimer's disease, Parkinson's disease and amyotrophic lateral sclerosis all feature excessive neuroinflammation.

The MGH team detailed specific ways that disrupted regulation of microglial function allows initially protective “sentinels” to become out-of-control “warriors” that induce persistent, damaging inflammation. They also identified three potential checkpoint molecules, activation of which may return microglia to their neuroprotective state. More research is needed to understand the genetic patterns that underlie microglia behavior and how these patterns change due to aging and disease. ■

Carrying on the legacy of Latino service

IN 2005, Ernesto González, MD, MGH dermatologist, received the inaugural award recognizing his outstanding service to the Latino community and beyond. Since then, the award has been renamed in his honor, and 19 more MGHers have joined González in recognition of their service. On Oct. 16, the newest honorees were celebrated at the Paul S. Russell, MD Museum of Medical History and Innovation.

Nicte Mejia, MD, MPH, FAAPN, a physician in the Department of Neurology, and Daniel Urizar, of Environmental Services, both received this year's Ernesto González Award for Outstanding Contributions to the Latino Community – a highlight of Latino Heritage Month sponsored by the MGH Committee for Latino Initiatives and MGH Human Resources.

“I cherish as a Latina how we embrace our families and give back to our communities,” said Mejia. She grew up in Guatemala City and towns across Mexico and the U.S and became the first physician in her family. “It is truly an honor to receive a distinction that bears the name of Dr. González, and the big and small acts of kindness that he showers the world with every day.”

Urizar mentors and coaches families as part of the Be Fit for Latinos program at the MGH. This program introduces Latino youth to music, dance and other activities. “What a difference we make when we decide to help our community,” he said. “Bringing families together is my passion, that is what I do.”

The list of all Ernesto González Award recipients is hung year-round on the Employee Recognition Wall outside the General Store. ■

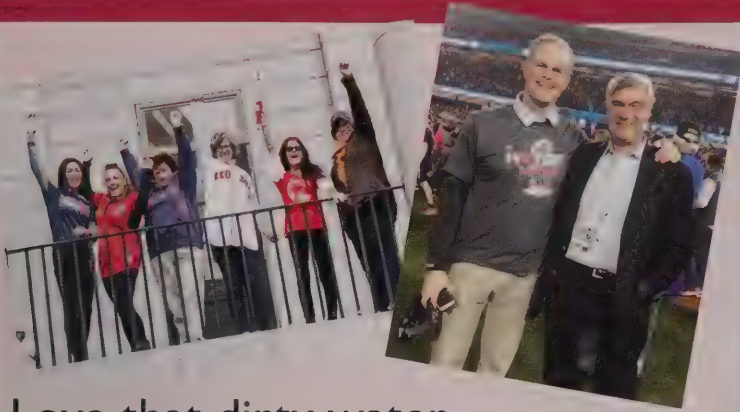


URIZAR AND MEJIA



Meme excellence

AFTER MORE than 100 submissions and almost 600 votes cast, winners have been chosen in the first Apollo Flu Shot Meme Contest. The top two memes were close contenders in the final days of voting, so both internet aficionados were honored for their entries. Jennifer Startek, director of Education in the Infectious Disease Unit, submitted the fan favorite “Most Incredible Man” meme. Paul Endres, clinical research coordinator in Nephrology, earned second place with “The Sound of Music” meme. Endres and Startek received gift cards to any MGH Nutrition and Food Services location and certificates for “Meme Excellence.”



Love that dirty water

PACKING THEIR SOX: From department to department, coast to coast, and sea to sea, MGHers celebrated the Boston Red Sox World Series win. Above, staff gathered outside the Bulfinch Building to show their spirit on parade day. Peter Asnis, MD, the Red Sox head orthopaedic physician, and Larry Ronan, MD, Red Sox medical director – both of MGH Sports Medicine – celebrate on the field after the final game of the series. Below, from left, Amanda Tetreault, PT; Lindsey Martin, NP; Kristen Wilson, RN; and Kim Waugh, RN, cheer on their home team from the deck of the USNS Comfort during a humanitarian mission off the coast of Venezuela. Rabbi Ben Lanckton, of the MGH Spiritual Care Department, wears his baseball-themed yarmulke in support of the Sox.



Racism in our MGH Community: Conversation Series Part 2

ENGAGING OUR EMPLOYEES: A DISCUSSION ON RACISM

NOV. 27, 5 – 6:30 PM

O'KEEFE AUDITORIUM (BLAKE BUILDING, FIRST FLOOR)

All are invited to attend a continuation of a conversation about race and racism in the MGH community. On Nov. 27, the results from the Workforce Diversity Culture Survey that was rolled out in 2016 to MGH staff will be discussed. Employees and hospital leadership will share their perspectives about the survey and delve more deeply into the issues through an interactive audience question-and-answer session. Last April, the MGH hosted its first discussion about *The Boston Globe* Spotlight Series on Race in Boston which generated a great deal of discussion across the city and within the MGH community.

To RSVP for the Nov. 27 event and to learn more about diversity efforts at the MGH, visit apollo.massgeneral.org/diversity.



A call for quiet: MGH performs low in 'Quiet at Night' patient satisfaction

REST AND SLEEP are essential to patients' physical and emotional health – especially during times of recovery and healing. Loud conversations, unpleasant sights, sounds and smells, harsh lighting and noises from equipment, alarms and doors can interrupt sleep and the healing process.

The patient experience survey asks patients, "During your hospital stay, how often was the area around your room quiet at night?"

Here is how the MGH performed:

- In 2017, 52.6 percent of patients indicated "always" having a quiet at night experience.
- In 2018 (year-to-date), 52.7 percent indicated "always" having a quiet at night experience, putting the MGH in the 19th percentile nationally.

By the end of the 2018 calendar year, the MGH needs to meet a minimum target of 53.6 percent of patients reporting that the area around their room was "always" quiet at night.

"We are calling on our MGH family to be our champions for quieter environments," says Debbie Burke, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care and chief nurse. "There are many things that we can do to promote a relaxing environment and restful sleep for our patients. We ask that you always be mindful of the volume of your voice and consider the location of your conversations. Small changes in individual behavior can make a big difference because we know that resting promotes healing." ■



REST IS HEALING:

At left, staff, like Melissa Bardi, RN, are encouraged to provide headphones and other noise-reducing items to help patients, like Helen Baker, when they need to rest. Below, Nursing staff on White 10 huddle outside a patient room, demonstrating how noise can be disturbing.





Supporting those who have served

HOME BASE – a Red Sox Foundation and MGH program – hosted its sixth annual Mission: Gratitude Sept. 27, raising more than \$1 million in support of programs for veterans and their families affected by the invisible wounds of war. The event took place in the Charlestown Navy Yard for the second consecutive year, with Congressional Medal of Honor recipient Master Chief Special Warfare Operator Edward C. Byers Jr. providing a keynote address advocating for proper mental health care for those who have served. The annual Major General Joseph Warren, MD, Award also was presented to Ken Fisher, chairman & chief executive officer of Fisher House, which provides lodging for veterans and families who come to Boston from across the country.

Pictured above, from left, are Jack Connors Jr., founding partner and former CEO of Hill Holliday; Peter L. Slavin, MD, MGH president; Fisher; retired Brig. Gen. Jack Hammond, Home Base executive director; and Michael Allard, Home Base CEO.

MGH VOTES

NOVEMBER 6

PLAN AHEAD TO VOTE!

📍 Polls are open from 7 a.m. to 8 p.m. EST.
Find your poll: www.sec.state.ma.us/wheredoivotema

🗳️ **Can't make it to the polls on November 6?**
Vote early or vote absentee: www.massearlyvote.com



– Himalayas

(Continued from page 1)

of evaluation for a liver transplant while also undergoing cancer treatment.

“There is a lot of information provided to patients when we first meet people like Bruce, and it can be quite difficult to absorb it all,” says Suvranu Ganguli, MD, associate chief of MGH Interventional Radiology. “Patients hear, ‘You have liver disease. You have cancer. You need a liver transplant. You need cancer treatment. These are all your options and we need to do it fast.’ So, of course, it can be very overwhelming.”

Parmelee underwent a minimally invasive image-guided procedure known as a microwave ablation to “burn” his liver tumor. He rested a day, then drove 300 miles back to his home in New York. Parmelee visited the MGH quarterly to make sure the cancer hadn’t returned, which would preclude him from a transplant. Parmelee began the long process of waiting for a new liver.

On Nov. 29, 2015 – following two false starts – the call came while Parmelee and his wife were in church. “I never bring my phone into church, so the transplant folks tracked my daughter down, who then called my wife who had her phone with her.”

Due to the Thanksgiving holiday, traffic was backed up on the Mass Pike for 28 miles into Boston. “But,” says Parmelee, “I made it.”

With 15 minutes to spare.

Parmelee says when Heidi Yeh, MD, MGH transplant surgeon, came in to his room, he held his breath. “She smiled and said, ‘this liver

is beautiful.”

Five days after his transplant, Parmelee was discharged, but he stay in the Boston area for the next three weeks for regular monitoring. He returned home on Dec. 26, 2015 and was back at the gym the following day.

Last January, Parmelee – now 70 years old – was catching up with a friend who said he wanted to go to Nepal to go trekking in the Himalayas. “Let’s do it,” Parmelee said. They bought the tickets that evening.

Less than three years after beating cancer and receiving a new liver, Parmelee left for Nepal in April with his friend and three other trekkers. The group made it to Annapurna Base Camp I at 13,500 feet and back down in nine days. “The five of us had an age range of 68 to 71, so this was definitely a bit beyond the typical troupe who commits to scaling any part of the Himalayas,” Parmelee says.

Parmelee remains positive about his transplant experience and the future. “I am really grateful for the care I received at MGH. I’m always impressed at how dynamic the encounter is. My entire team truly cares – while also making me feel welcome and championing my continued growth beyond the transplant.

“If I can impart one piece of advice, it would be to prepare for all scenarios, good and bad, and to remain as optimistic as possible. In all things – aiding humanitarian crises, my trip to Annapurna Base Camp in the Himalayas or preparing for the transplant – there simply isn’t time to second guess or worry. Just put your head down and prepare for the journey ahead as much as you can.” ■



MGH HOTLINE

A PUBLICATION FOR
EMPLOYEES AND STAFF
OF THE MASSACHUSETTS
GENERAL HOSPITAL

11.16.18



**THE FEVER
BREAKERS:**
Ventura, on piano,
and Rebello

‘We are America’

WHAT STARTED AS a casual conversation in the basement of the MGH has grown into an anthem.

Shortly after he started his job as an instrument inventory specialist in the MGH Operating Rooms, John Ventura bumped into Gleeson Rebello, MD, in the hallway. The pediatric orthopaedic surgeon at MassGeneral Hospital for Children inquired as to how a family member of Ventura’s was healing following a surgery Rebello had performed the previous year. From there, the conversation turned to Ventura’s new career and his background as a musician and graduate of the Berklee School of Music.

The discussion struck a chord – and then another and another.

“One day we were talking, and John said, ‘I love my job at the

MGH, but I feel I am meant to play instruments, not keep count of them,” Rebello recalls. “I asked how I could help and he told me he needed a songwriter.”

Rebello, who has authored two children’s books, had never penned a song, but wanted to give it a shot. With Rebello drafting lyrics and Ventura composing the music, the pair met during lunch breaks and after hours, using a music therapy piano in the Lunder subbasement. “Our first song was called ‘Exploited’ and it was a rock anthem for exploited and disenfranchised workers,” Rebello says. “Our songs are directed at social causes and our motto is ‘Making the world reflect, one song at a time.’”

(Continued on page 4)

MGH patient lands back on his feet – and back in the kitchen

BRIAN SNELL, 54, was getting ready for a Rascal Flatts concert June 9 when he developed a terrible headache. The next thing Snell knew, he was on his back in the shower and couldn’t move his legs. He was transported by ambulance to a local hospital.

“I remember being scared,” says Snell. “When they told me I had bleeding in my brain, I asked to go to MGH. My aunt was 54 years old when she died of a brain aneurysm, and prior to her passing she was treated at Mass General. After she died, my uncle had a variety of fundraisers that benefitted the Neurology Department, so I was familiar with the work and knew they had a high degree of expertise.”

One week later, Snell woke up with a breathing tube in his throat. His doctors told him he had a brain aneurysm.

(Continued on page 2)

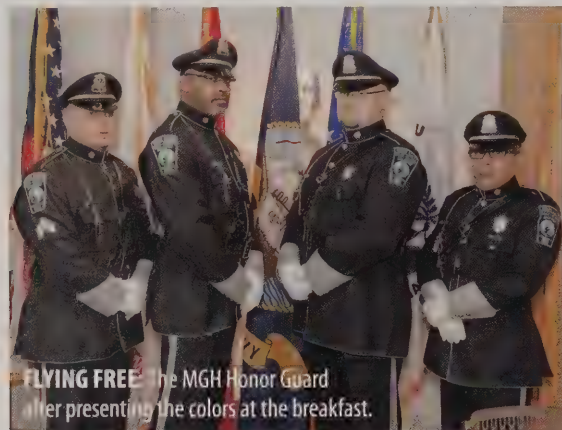


GRATEFUL GIVING:
From left, Patel, Snell and Rabunov

Service and sacrifice: Honoring MGH veterans

MGH VETERANS were celebrated and thanked Nov. 12 during the annual Veterans Appreciation Breakfast at the Paul S. Russell, MD Museum of Medical History and Innovation. The breakfast – which opened with the national anthem and a Veterans Day prayer – welcomed MGH employees who have served in the military or who have an immediate family member who has served.

“Being in the military, or a member of a military family, does not come without sacrifice,” said Jeff Davis, senior vice president of Human Resources. “Uncertainty, fear and time away from loved ones are constant and upon return, many experience stresses as they try to reintegrate into the lives they left here at home.”



FLYING FREE The MGH Honor Guard after presenting the colors at the breakfast.

Another way the hospital supports veterans is through the MGH Military Veteran Partners group, which is open to all MGH employees. Formed four years ago, the group plans a number of activities

to support active duty military members and their families.

“We hope you feel at home here at the MGH and today’s breakfast is a very small token of the hospital’s appreciation for the sacrifices you and your families have made to protect the freedom we enjoy here in the United States,” said Davis.

Though Veterans Day occurs just once a year, the gratitude for everything they do lives on year-round. Visit the MGH intranet at apollo.massgeneral.org/thank-a-veteran to share a note of thanks and read messages from hospital staff thanking its veterans. ■



LIFESAVING LESSON: Virginia Walker, RN, of the MGH Cardiac Arrhythmia Service, helps a student learn proper techniques.

Hands on and hands-only

STAYING ALIVE: While doing compressions to the beats of hits by the Bee Gees, Beyoncé and Lady Gaga, high school students from the Boston area practiced hands-only CPR training on mannequins Oct. 24. The training is part of a partnership between the MGH Center for Community Health Youth Scholars program and the MGH Cardiac Arrhythmia Service.

Students learned about the anatomy of the heart, the science behind defibrillators and pacemakers, the importance of automatic external defibrillators and practiced chest compressions under the guidance of members of the MGH Cardiac Arrhythmia Service. “The sooner bystanders start CPR, the better the patient outcomes will be,” says Sharon McKenna, RN, nurse director of the MGH Cardiac Cath Lab. “Research has demonstrated that those precious seconds do make a difference.”

— Aneurysm

(Continued from page 1)

“Without any reason, major trauma or cause, Mr. Snell developed a small hole in his right carotid artery, likely because the heartbeat that pushes blood up to the brain 60 to 80 times per minute found a weak spot in the lining of the artery,” says Snell’s physician, James Rabinov, MD, of the MGH Neurosurgery Department. “This created a hole that went all the way through from the artery into the fluid-filled space that’s around the brain. Although it came as a shock, we would likely not have found anything had we looked a week beforehand. It was a sudden onset of an abnormality.”

Rabinov says the type of blister aneurysm Snell had is uncommon, with the MGH treating only one or two cases per year. “We inserted a wire mesh construct called a flow diverting stent along the wall of the artery,” says Rabinov. “This creates a partial barrier, thus taking pressure off the wall from blood flow. Over time, and with the pressure taken off the wall, the body heals itself.”

Snell’s procedure took about two hours, and the hole in the artery healed completely in about three months. Incorporation of the device inside the artery wall occurs over the course of a year.

During his three-week stay at the MGH – two of which were in the Neurological Intensive Care Unit – Snell developed pneumonia in both of his

lungs. A core group of physicians on the service – including Aman Patel, MD, MGH Neurosurgery, and Thabele Leslie-Mazwi, MD, MGH Neurology – provided care in the ICU. Snell grew stronger every day and instead of requiring further care at Spaulding Rehabilitation Center as initially planned, Snell was discharged home. He began the next phase of healing with therapies to address his weakened strength, balance, lack of energy and constant headache through outpatient programs that support integration back into life for MGH patients.

“When I had occupational therapy at the house, part of the therapist’s job was to get me back to being able to cook,” says Snell. “She usually tries to reteach her patients to scramble an egg, but I was able to make a three-course meal for my family. I made a tomato tartan, chicken pie with potato on top and chocolate cream Neapolitan. I was pretty impressed with myself when I finished.”

Now, Snell says, he continues to do well and only experiences minor symptoms. Grateful for the care he received at the MGH, Snell aims to provide fellow patients with support at MGH’s Brain Aneurysm Support Group.

Snell recently joined staff at an information table in the White corridor on Sept. 19, Aneurysm Awareness Day. Hosted by the Department of Neurosurgery, the table provided visitors with information about aneurysm care and support programs the hospital offers.

“Dr. Rabinov saved my life,” says Snell. “At this point, I will do whatever I can to give back in some way.” ■

Welcome back, Dr. Kalva

THE DIVISION OF INTERVENTIONAL RADIOLOGY has welcomed a new leader. Sanjeeva Kalva, MD, had his first day as chief of the division on Oct. 18, however this is not his first time on the MGH campus. Kalva was a clinical fellow in the division of Vascular and Interventional Radiology at the MGH from 2004 to 2006. Prior to that, he completed a research fellowship in the division of Abdominal Imaging and Intervention from 2003 to 2004.

"I always enjoyed working at MGH," says Kalva. "It is where people are always helping each other, always forward thinking and pushing the boundaries of medicine. It's where the things happen. We spread knowledge across the world and people learn from us. That's why I wanted to be back here."

For the past five years, Kalva was working as chief of Interventional Radiology at the University of Texas Southwestern Medical Center in Dallas, Texas. A year ago, Kalva received a call from James Brink, MD, MGH radiologist-in-chief, asking if he was interested in returning to the MGH.

Timing was perfect, as Kalva was looking for a new leadership role.

"I was honored to get Dr. Brink's call and immediately applied for the position," says Kalva. "I was thrilled to come back. This is the only place I knew after moving to the United States. I feel at home here."

Originally from India, Kalva earned his Bachelor of Science and Bachelor of Medicine degrees from Kurnool Medical College in India in 1993. Kalva then had an internship in medicine and surgery from 1994 until 1995 at Government General Hospital, Kurnool, India, and completed his radiology residency from Nizam's Institute of Medical

Sciences in Hyderabad, India.

At the MGH, Kalva's first order of business is to open the new Waltham Interventional Radiology Center. Although the MGH has several imaging centers across Massachusetts, this will be the first off-campus interventional radiology procedural lab in the MGH's history. "We hope that this center will be able to cater to populations that live

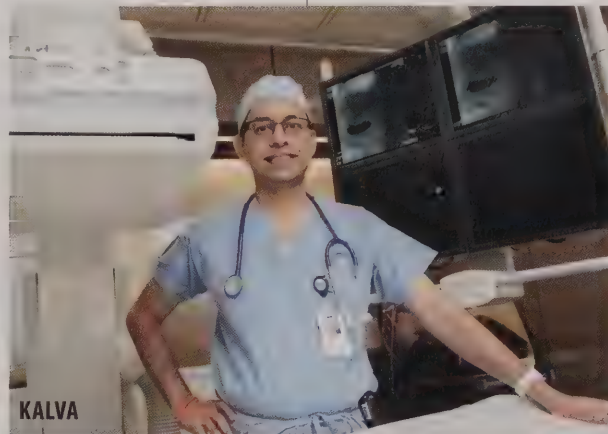
closer to Waltham and decrease wait time for patients that are going to the main campus for procedures," says Kalva. "The center has been in the works for the last five years, so the credit for its opening goes to the people who have put in all the hard work in making it happen."

The center is slated to open in the new year and is a collaborative effort between the divisions of Musculoskeletal Radiology, Pediatric Radiology and Interventional Radiology. The center will offer several procedures, including placement of venous access ports and

changing of catheters.

Kalva says future goals for the division include bringing more focus to the patient experience, increasing availability of services, building disease centric clinical services and research collaboration with other services. Given his passion for global health, Kalva also plans to share his expertise and knowledge of interventional radiology in his home country.

"One of my passions is to expand interventional radiology across the world," Kalva says. "I want to train people and teach them how to do procedures. My hope is to help Indian and other developing communities in creating an infrastructure and teaching them at national meetings as well." ■



Celebrating the sun: MGH employees come together for Diwali

HOSPITAL EMPLOYEES GATHERED in the East Garden Room Nov. 8 to rejoice and wish each other a happy Diwali. Known as the festival of lights, Diwali is observed by Hindus, Buddhists, Sikhs and Jains and is the most widely celebrated Hindu festival worldwide.

The MGH event, hosted by Human Resources, was started in 2012 by Dinesh Patel, MD, chief emeritus of Arthroscopic Surgery in the Department of Orthopaedics.

"I have been at MGH for more than 50 years and have observed that our leadership has encouraged, with open arms, the inclusion of diversity with great warmth," Patel says. "I noticed there have been increasing numbers of people working at MGH from all sectors who believed in Diwali celebrations. So to continue that inclusion of diversity, I inquired about such celebrations and was not surprised that they warmly accepted."

Diwali is celebrated for five days by millions of people all over the world. The festival ends at the start of the Hindu New Year and includes food, traditions – such as showing respect to elders and children receiving presents – cleansing of the spirit and material things, and cleaning one's home. The festival is a joyous one, emphasizing a new day and making room for kindness.

"I am grateful to MGH to promote celebrations like this," says Dhanviney Verma, MD, MGH psychiatrist. "It not only shows respect for different belief systems, it's a great way to promote team spirit and inclusiveness among folks across our hospital."

Mandakolathur Murali, MD, director of the Clinical Immunology Lab, says he believes Diwali means choosing good over evil. "Diwali is a day of rejoicing," he says. "All bad things must come to an end. It means brightness and knowledge will win over darkness. It is a new day and we celebrate the sun."



New conference room site now live

THE MGH ENVIRONMENTAL SERVICES DEPARTMENT has begun implementing the new MGH Space Reservation System to reserve conference rooms throughout the hospital's main campus. The first 10 rooms are completed and will be going live with the new booking system starting Nov. 19. They are:

- Blake 160 (O'Keeffe Auditorium)
- Blake 190 (Haber Auditorium)
- Thier 101
- Yawkey 2210
- Yawkey 2230
- Yawkey 4810
- Yawkey 4820
- Yawkey 4910
- Yawkey 4930
- Yawkey 4940

Employees previously authorized to book these conference rooms will have administrative permissions transferred to the new system. Staff who would like to become an administrator may contact esd@partners.org.

To book conference rooms, view instructional videos or for more information, visit MGHscheduling.partners.org.

The next phase of implementation will include the addition of about 40 conference rooms throughout the MGH. These rooms are expected to transfer by next spring.

For additional questions or information, contact esd@partners.org.

Community giving

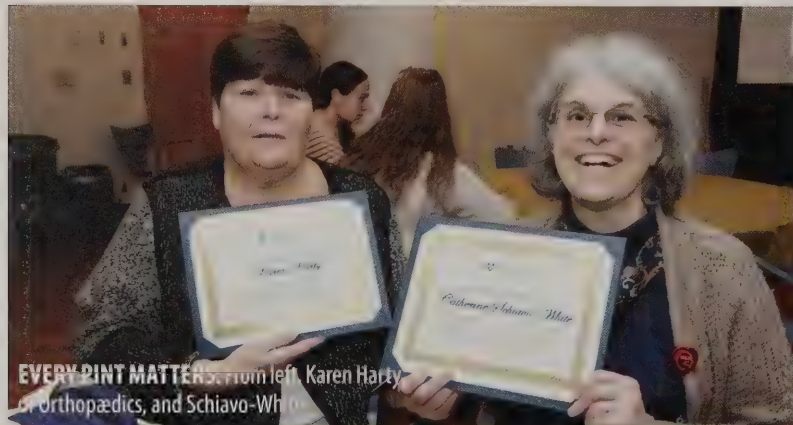
ON OCT. 30, the MGH Blood Donor Center recognized MGH employees who support the hospital's mission through blood donation. Honorees gathered for a celebratory breakfast and received certificates and MGH swag bags. Top donors of whole blood and platelets also were recognized with gift cards.

Catherine Schiavo-White, billing representative in Orthopaedics, started donating blood in high school and has been donating at the MGH for more than 20 years. "I like to donate because it is something I am able to do for our patients," she says. "I know my blood donations are going to those who need them right here at MGH, and I am helping in my small way."

The MGH Blood Donor Center provides 40 percent of the blood products used to treat patients at the hospital – 20 percent of those donations comes from employees.

"We can't do it without this community of people," says Robert Makar, MD, medical director of the MGH Blood Donor Center. "You are the ones who show up during blizzards and during the slower summer months. There are not words for how grateful we are for your altruistic giving of blood."

For more information, visit the Blood Donor Center's Facebook page, or call 617-726-8177 to make an appointment. ■



EVERY PINT MATTERS: From left, Karen Hartley of Orthopaedics, and Schiavo-White.

– America

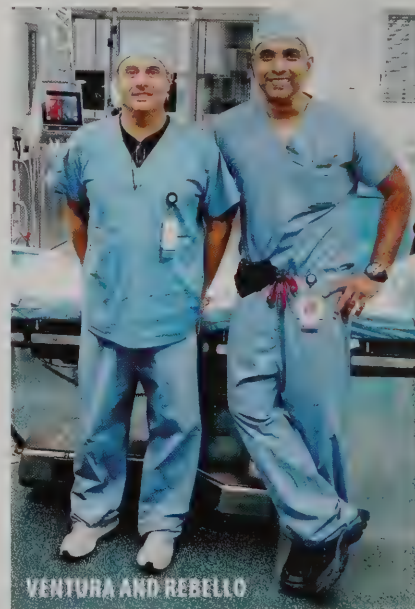
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As the duo continued to combine their creative skills, they also expanded – creating a band called The Fever Breakers. The group is now comprised of Ventura on piano and vocals; Rebello who drafts lyrics and produces the resulting arrangement; Zachary Anderson, MGH inventory specialist, on lead guitar; and Fredlais Eugene, a former transportation associate at the MGH, on bass guitar. Jonathan Ulman, percussion manager at Berklee, is the band's drummer. They record their material at Revolution Studio in Charlestown with Matthew Girard, who is their sound engineer and plays the trumpet for some of their songs.

"We've recorded six songs over the past 10 months," Ventura says. "She Lives We Live' is about climate change and global warming. 'Bully' is a song that explores the role interchangeability between victim and bully, and it recently won a bronze medal for listener impact, content and message delivery in the Global Music Awards competition. Its music video also was selected as a semi-finalist in the U.S. Hollywood International Golden Film Award competition."

Their latest song, "Yes! We Are America" is an attempt to encapsulate the story of modern America in a song. "With the midterm elections in mind, we released this song as a healing, uniting and bipartisan song," says Rebello. "It is a salve for our increasingly fracturing nation. And we were thrilled that a few of our MGH orthopedic colleagues have a cameo at the end of the song."

Unity. It's a theme that strikes a chord for Rebello and Ventura. "We come from different backgrounds. I am a brown, fresh-off-the-boat immigrant and he's a local white dude," Rebello laughs. "And, we have different political views. Yet, we are very close friends. We wanted to create this song as we both thought it was so important. This is a classic example of what America is about – seeing opportunity in the most unlikely of venues and collaborations between completely different individuals whose only common bond is that they are American. Because, we can work together. We can have fun together. We can agree – and disagree – with one another. Because, Yes! We are America." ■



VENTURA AND REBELLO



MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



HELPING HANDS:
Buildings and Grounds staff assist with the installation.

‘Open Arms’

WITH THE HEAVY-LIFTING HELP of the MGH Buildings and Grounds team, a new sculpture has found a home on the Bulfinch Lawn.

The artwork, titled “Open Arms,” is one of the creations of Harold Grinspoon, an entrepreneur, philanthropist, artist and grateful MGH patient whose son is Steven Grinspoon, MD, director of the MGH Program in Nutritional Metabolism.

“The name, ‘Open Arms’ resonates with both our hospital values and for me personally,” said Peter L. Slavin, MD, MGH president. “First and foremost, Mass General is a temple of healing – no matter what our patients look like, what they believe, where they come from or whom they love. The hospital is open to all.”

Grinspoon’s sculptures are made from fallen trees he has come across in the forest surrounding his home, and from Spanish live oaks that he found in the southern U.S. He says he envisions ways to cut and reform the trees to give them a new life. To give back to the MGH – which he says has done so much for him throughout his life – Grinspoon spoke to Brit Nicholson, MD, senior vice president of Development, about displaying one of his sculptures at the hospital.

“During our visit to Harold’s house and studio, we came across one sculpture that really stood out, not only because of its design but also because of its name ‘Open Arms,’” says (Continued on page 4)

Heroes among us

EIGHT EXTRAORDINARY MGH employees were celebrated Nov. 19 at the sixth annual Breakfast of Champions hosted by the MGH Employee Disability Resource Group.

“We take great pride as an institution in continuing to make strides to make sure the MGH is accessible to all those who come through our doors,” said Peter L. Slavin, MD, MGH president. “Today is our chance to celebrate eight heroes who go above and beyond in making that possible.”

Jennifer Magee, DMD, director of the MGH Dental Group - Danvers and director of Community Health in the Department of Oral and Maxillofacial Surgery (OMFS), was honored with this year’s Disability Champion Award. Magee commits to spending one day every other month in the operating room to perform dental rehabilitations for patients with autism and other developmental disabilities. She also provides care at no cost to victims of human trafficking.

“Dr. Magee makes it her mission to provide care to those who need it the most, but can access it the least,” said Maria Troulis, DDS, chief of OMFS. “She is a caring and devoted doctor to those who need her the most.”

Troulis said access to care for these patients often is difficult as they may not be able to receive care in the traditional outpatient setting, and Magee never hesitates to spend the extra time needed to provide care in the outpatient or operating room setting.

“This is just what we do,” said Lori Palley, DVM, assistant director of Veterinary Services, who was last year’s award recipient. “I don’t consider it above and beyond, and I bet if you asked most nominees for this award, they wouldn’t either. So to the nominees, if you think you’re not heroic, that what you do is not extraordinary, or that you gain more in return from what you do than what you give, please know that you are a role model, a person whose behavior should be emulated by others in the MGH community.” ■



ABOVE AND BEYOND:
Magee and Slavin

Alert, alive – but without a pulse

CHECKING FOR A PULSE is one way to determine if a person who has collapsed is alive. But what if the person is alert and talking but seemingly without the all-important beating vibration in the neck or wrist?

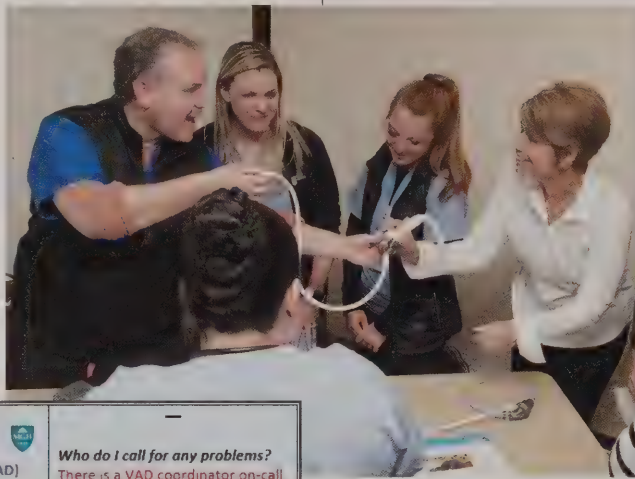
“There’s a chance that patient has a heart-assist device,” says Janice Camuso, RN, of MGH Cardiology, adding the person may not require CPR, despite an emergency situation.

The MGH hosted an educational event Nov. 9 aimed at raising awareness about the growing use of Ventricular Assist Devices and Left Ventricular Assist Devices (VAD or LVAD) in patients who have heart failure. Participants included employees from the Cardiology and Transplant Divisions, MGH Police, Security and Outside Services, Social Service, Emergency Medicine and Palliative Care.

VADs are surgically-implanted pumps connected to the heart that feature a wire called a driveline exiting a person’s abdomen into a controller. They often are referred to as a “bridge” therapy for patients awaiting a heart transplant. VADs may be used for several months,

or even several years, to help to pump blood throughout the body.

“It’s possible that an employee from any department – clinical or non-clinical – could come across a situation in which a person with a VAD needs assistance,” says Camuso. “We’re really hoping to make people ‘VAD aware.’”



MGH Transplant Center Ventricular Assist Device (VAD) What is a VAD? A VAD or LVAD is a surgically implanted pump that helps patients with heart failure.  What should you know? The VAD is a life-sustaining device. Power to the pump should never be stopped. Power sources can be batteries or an AC power cord. The VAD is a continuous flow device and patients may not have a pulse.	Who do I call for any problems? There is a VAD coordinator on-call at all times who can be reached by calling (617) 726-2000 pager #11045 Reminder: All policies and clinical protocols are on the VAD Resource Center's SharePoint site: http://sharepoint.partners.org/mgh/vadresourcecenter The quality assessment and performance improvement (QAPI) information is in the SharePoint site under the “process improvement” tab.
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VAD AWARE: Participants were given an additional card for their hospital ID badges, including important information on the devices and how to reach to the 24/7 on-call VAD coordinator.

If the flow of blood is disrupted or the mechanics of the device fail, an alarm on a VAD may sound, signaling an emergency, but it’s vital the device remain connected to its power source at all times.

“I’ve been trained as a first responder but had never seen one of these devices in person until this event,” says John Petty, operations supervisor for MGH Police and Security. “It was really helpful to know that this is something that’s pretty obvious if you’re up close to someone and considering chest compressions.”

When in doubt about starting compressions, Christopher Neumann, MGH Police and Security officer and EMT, says it is important to call 911 and follow the instructions of the dispatcher.

And, if the incident occurs in the MGH, the on-call VAD coordinator, who is available 24/7, should be paged.

“We’re grateful to be invited to events like this,” says Neumann. “It helps us accomplish our common mission of helping others.” ■



Police, pie and a turkey guy

MEMBERS OF THE MGH Police, Security and Outside Services Department and MassGeneral Hospital for Children Child Life Services – disguised as police, pie and a turkey guy – gobbled up a good time on the pediatric inpatient units the day before Thanksgiving. The inaugural event – hosted by the newly formed PUPP (Police Uniting with Pediatric Patients) program – was led by McGruff the Crime Dog and Tom Turkey, who handed out lollipops and stuffed animals to patients including Kaiden Noel, left, and Nathan Techem, top right.



Caring for the Caregiver: Lessons in resiliency

WHETHER IT IS a medical professional caring for patients or a family member assisting a loved one, the role of caregiver can be extremely rewarding, and also extremely stressful. This may lead a person to experience burnout or depression.

On Nov. 13, the Dementia Caregiver Support Program of the MGH Division of Palliative Care and Geriatric Medicine sponsored a "Lessons in Resiliency" talk for staff, patients, family and caregivers to help increase resiliency awareness as part of its "Conversations with Caregivers" series.

Darshan Mehta, MD, medical director for the Benson-Henry Institute for Mind Body Medicine at the MGH, discussed consequences of caregiver stress and ways it can be combatted.

"Increased caregiver stress is also associated with declines in physical health – leading to premature mortality – and mental health, such as anxiety and depression," said Mehta. "It is important to provide the necessary management tools to anyone in a caregiving position as early as possible."

Recounting his own difficulties in managing stress as a caregiver during a time of personal tragedy, Mehta stressed that self-care and resiliency are not selfish; rather, they are essential for overall well-being, allowing caregivers to better support their patients or loved ones.

Mehta says people should make time for themselves to engage in enjoyable activities such as meditation and yoga, walking, hiking and biking. He also stressed the importance of being socially connected with friends and family, which may lessen stress.

"It is important to keep an open dialogue," Mehta said. "Talk to providers about your own burden – including both your loved one's provider as well as your own. The more we are able to have open and frank dialogue around this issue, the more we can do something about it."



MEHTA



Facelift for MGH Metal Shop

OPEN FOR BUSINESS: Following a year of renovations, MGH Building and Grounds Metal Shop staff gathered in the Gray subbasement Nov. 20 to celebrate the upgrade of the facility. The new space features an expanded floor plan, new flooring, freshly painted walls, updated lighting and state-of-the-art machines. Much of the previous equipment was Army surplus supplies that were more than 50 years old. "It is such a big improvement from the previously cramped space, with great thanks to Ed Raeko (director of Materials Management) who made it all possible," says William Belyea, Metal Shop foreman. "We do all of our work right here in the shop and need the space and high-output machines to allow us to do our jobs safely and efficiently."



Flashback Friday: Sculpture in bronze honors a courageous patient

FLASHBACK FRIDAY is an installment highlighting stories from the MGH Hotline archive. This week's flashback from the Oct. 28, 1976 edition features the dedication of a new bronze sculpture at the hospital symbolizing the courage of the human spirit. Here is the full story:



Triumph, bronze sculpture erected in memory of the late Bettina Ware, is admired by her father, Robert H. Cook, (left), Dr. Charles A. Sanders, MGH General Director, and her brother, Robert H. Cook, Jr., the sculptor, in Cox Center.

Sculpture in Bronze Honors a Courageous Patient

A bronze sculpture symbolizing the courage of the human spirit was dedicated October 1 at the MGH in memory of a former cancer patient who devoted her last years to helping others with the same disease.

"Her life was a triumph. Her spirit lives on," said Mrs. Ware's father, Robert H. Cook of Milton, in brief remarks dedicating the sculpture.

A bronze sculpture symbolizing the courage of the human spirit was dedicated October 1 at the MGH in memory of a former cancer patient who devoted her last years to helping others with the same disease.

Erected in the lobby of the Cox Center for cancer treatment and research, the 44-inch-tall statue, entitled "Triumph," honors Bettina Ware (Mrs. John Ware, Jr.) of Dover, who died on September 17, 1974.

"Her life was a triumph. Her spirit lives on," said Mrs. Ware's father, Robert H. Cook of Milton, in brief remarks dedicating the sculpture. "We

hope it will be a continuing inspiration to those of you who carry on the work of this magnificent temple of endeavor and hope."

The statue was executed by Mrs. Ware's brother, Robert H. Cook, Jr., of Rome, Italy, whose works adorn major buildings from Boston to Canberra, Australia. He has had more than 41 exhibits on three continents. His works include a 20-foot fountain figure for the Civic Center in Canberra; a statue of a violin quartet for a Frank Lloyd Wright structure in Racine, Wisconsin; and a bronze relief for a newspaper plant in Johnson City, Tennessee.

The inspiration for "Triumph" came from an unusual chalk formation on the White Cliffs of Dover, England. The sculpture starts with a massive base, a swirling round mass which grows from another rounded inner form. Moving upward gracefully, the swirls gradually narrow, gaining speed and strength, until at the top they open like a flower.

Mrs. Ware fought cancer for 11 years. While under the treatment of MGH specialists – principally Drs. Rita M. Kelley, medical oncologist, and Chiu-Chen Wang, radiation therapist – Mrs. Ware became impressed with the need to comfort others. Patients in the busy Radiation Therapy Clinic sometimes sat alone in a waiting room for lengthy periods.

At Mrs. Ware's suggestion, the hospital's Ladies Visiting Committee, of which she was a member, provided a more cheerful reception area and facilities for light refreshments. Mrs. Ware assembled a group of women who themselves had been patients and arranged schedules so that there would always be someone present to extend courtesies. She coordinated these schedules and worked in the clinic until shortly before she died.

Upon her death, Mrs. Ware was lauded by the Ladies Visiting Committee for having made an enormous contribution to the hospital and, in particular, to the lives of the thousands who had visited the Radiation Therapy Clinic. The volunteer service program which she had the vision to initiate continues today. ■

–Sculpture

(Continued from page 1)

Nicholson. "Immediately, I was struck, given the credo of the Mass General and what is currently happening in our political climate. It seemed perfect for the hospital."

A dedication and ribbon-cutting ceremony took place Nov. 26. Hosted by the Development Department,



GRATEFUL GIFT: From left, Troderman, Nicholson, Harold Grinspoon, Steven Grinspoon, Slavav and Jeremy Ruskin, MD, director, MGH Cardiac Arrhythmia Service

the event honored Grinspoon and his team, his wife Diane Troderman and the MGH Buildings and Grounds crew, whose expertise was cited as being instrumental in the installation of the sculpture. The tree – which will be displayed at the MGH for two years – is one of the Spanish live oaks, and thought to be roughly 200 years old, about the same age as the MGH.

"There is such a sense of history with this tree, we realized if we were going to have a sculpture on the lawn, this was the one to have," Nicolson says. ■

Upcoming Hotline editions

THERE ARE THREE editions of MGH Hotline left in 2018.

Dec. 14 will be the final standard edition of the year. Then be sure to pick up the Dec. 21 holiday edition to enjoy coverage of the fun and festive happenings at the MGH this holiday season.

The final year-in-review edition will be distributed Dec. 28 and will include highlights from the 2018 year and a 2019 fold-out calendar with a list of MGH holidays. The first edition for 2019 will be available Jan. 11.



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New ALS center aims to change the field

THE MGH IS SPEARHEADING a revolutionary new approach to amyotrophic lateral sclerosis (ALS) research and care with the opening of a new center, thanks to a \$40 million donation – the third largest gift in the hospital's history. The gift is driven by Sean Healey, executive chairman of Affiliated Managers Group, Inc. (AMG), along with members of AMG's Board of Directors and senior management team, supported by The AMG Charitable Foundation. Healey was diagnosed in May 2018 with ALS, a neurological disease that attacks the nerve cells in the spinal cord and brain, robbing individuals of the ability to move, speak and ultimately, breathe.

"There has never been a better time for action," says Merit Cudkowicz, MD, chief of MGH Neurology and director of the Sean M. Healey and AMG Center for ALS at the MGH. "Basic research in ALS has led to the discovery of at least 20 promising therapies. This transformative gift will immediately be put to work to test these therapies in patients and move the successful ones forward toward effective treatments."

According to Cudkowicz, the Healey Center will bridge the gap between promising discoveries in the lab and effective therapies for patients; support senior scientists by allowing them to focus 100 percent of their time on their research; attract the best minds from around the world; and award grants to forward-thinking innovators from any field to join the cause and find the cure.



TACKLING ALS: From left, Peter L. Slavin, MD, MGH president; Cudkowicz and Healey

Healey Center, the MGH will establish the first master protocol trial in ALS, an approach used successfully in cancer research. With this tool, trial speed and efficiency will be increased, providing more treatment options for more patients. The Healey Center also will introduce a science advisory council comprised of experts from the U.S. and across the globe.

"Sean's determination and that of all our patients inspires us to redouble our efforts to find the cure for this disease," says Cudkowicz. "Thanks to the resources the Healey Center is providing, we will marshal the community's collective efforts and fast forward the field." ■

"The Healey Center will harness the global research and patient community to expand patient access to trials, deliver personalized care and ultimately deliver the cure for people with the disease," she says. "The center will benefit people with ALS both locally and globally."

Through the



MASWIME

The next generation of global leaders

SALOME MASWIME, PHD, MBChB, has her sights set on becoming a global leader in health care. And through the support of the Discovery Foundation MGH Fellowship Award, the obstetrician/gynecologist at the Chris Hani Baragwanath Hospital in South Africa – the third largest teaching hospital in the world – is well on her way to achieving that goal.

The fellowship – aimed at boosting South Africa as a leading hub for internationally-recognized clinical research and science – brought Maswime to the MGH for one year to research the causes of stillbirths in HIV-positive women. Africa accounts for 200,000 maternal deaths per year, two thirds of all maternal deaths worldwide.

"In South Africa, we are trying to give the best care we can give in a setting that doesn't always allow us to," says Maswime. An early experience of having two pregnant women die during her time in a rural South African hospital shaped her passion to reduce maternal mortality and improve the quality of service to birthing mothers. "What stood out to me most is none of us had access to the resources needed to save them. I felt helpless. We can't have women dying just because nobody knows what to do, it's an injustice."

(Continued on page 4)

12.14.18

ResearchRoundup

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

A CHILD'S BIRTH DATE AND SCHOOL GRADE CUTOFFS MAY CONTRIBUTE TO ADHD MISDIAGNOSIS

Could a child's birthday put them at risk for an ADHD misdiagnosis? The answer appears to be yes, at least among children born in August who start school in states with a Sept. 1 enrollment cutoff date, according to a new study led by Harvard Medical School and MGH researchers.

The team's findings show that children born in August in those states are 30 percent more likely to receive an ADHD diagnosis than their almost one-year older peers enrolled in the same grade.

The study supports the notion that in a subset of elementary school students, enrollment at a younger age may contribute to an ADHD misdiagnosis.

"As children grow older, small differences in age equalize and dissipate over time, but behaviorally speaking, the difference between a 6-year-old and a 7-year-old could be quite pronounced," says Anupam Jena, MD, PhD, senior study author and MGH internal medicine physician.

EXTENDING ANTI-SMOKING SERVICES TO BREASTFEEDING MOTHERS COULD INCREASE QUIT RATES AT A CRITICAL TIME

A study by MassGeneral Hospital for Children (MGHfC) researchers demonstrates that an MGHfC-developed program designed to help the

parents of pediatric patients quit smoking could also be used to help breastfeeding mothers who smoke.

While studies have shown that mothers are more likely to quit smoking during pregnancy and while breastfeeding, most of those who smoked prior to pregnancy eventually resume.

Although evidence has suggested that breastfeeding may be a critical time period for helping mothers quit permanently, no previous study has investigated whether pediatric practices were providing smoking cessation assistance to breastfeeding mothers. The study found that practices at which staff were trained in the MGH-developed CEASE intervention were significantly more likely than control practices to ask breastfeeding mothers whether they were smoking, and to offer assistance to those who did.

"Mothers who smoke expose infants to secondhand and thirdhand smoke, and toxic substances can be transmitted through breastmilk," says Jeremy Drehmer, MPH, CPH, of the MGHfC Division of General Academic Pediatrics and the MGH Tobacco Research and Treatment Center, lead author of the report. "The study demonstrated that the CEASE intervention enhances the delivery of smoking cessation assistance at pediatric offices to mothers who

breastfeed, capitalizing on this important time when mothers who smoke are more likely to quit."

TRACKING AN IRON-BASED BRAIN MINERAL COULD HELP IN PREDICTING ALZHEIMER'S DISEASE AND ASSESSING NEW TREATMENTS

Investigators at the Martinos Center for Biomedical Imaging have used magnetoencephalography (MEG) – a technology that measures brain activity by detecting the weak magnetic fields produced by the brain's normal electrical currents – to measure levels of the iron-based mineral called magnetite in the human brain.

While magnetite is known to be present in the normal brain and to accumulate with age, evidence has also suggested it may play a role in neurodegenerative disorders like Alzheimer's disease.

"The ability to measure and localize magnetite in the living brain will allow new studies of its role in both the normal brain and in neurodegenerative disease," says David Cohen, PhD, of the Martinos Center, corresponding author of the report published in *Human Brain Mapping*. "Studies could investigate whether the amount of magnetite in the hippocampal region could predict the development of Alzheimer's disease and whether treatments that influence magnetite could alter disease progression." ■

A new kind of heroism

AS A CHILD, Jessica Nutik Zitter, MD, wanted to grow up to be a superhero. More specifically, a doctor. "While other kids played with dolls, I was playing with my father's doctor bag," Zitter said. "I eventually outgrew my fascination with the doctor bag, but I never outgrew my fascination with wanting to save lives."

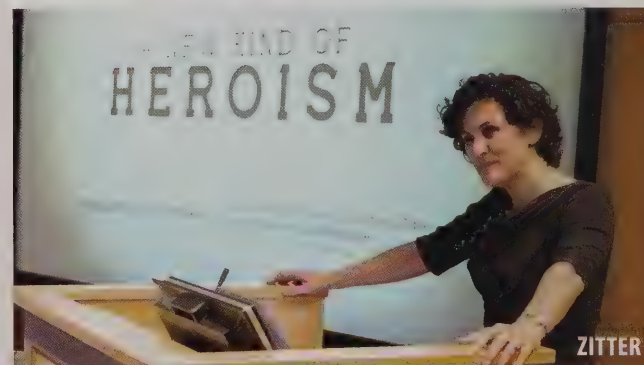
Zitter – now an intensive care unit (ICU) and palliative care physician at Highland Hospital in Oakland, California – found her calling as a palliative care physician, a journey she shared Nov. 7 as the keynote speaker of the eighth annual Robert Leffert, MD, Memorial Lecture. Presented by the MGH Division of Palliative Care and Geriatric Medicine, the lecture honors Leffert, who served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit before his death in 2008.

"The palliative care experience is a continual questioning, struggle and journey of the 'right way to die,'" said Lee Schwamm, MD, executive vice chairman of Neurology, chief of Acute Stroke Services and Leffert's son-in-law. "And the services we have here now versus eight years ago – it's almost unrecognizable."

Schwamm said part of that is due to physicians such as Zitter and four MGH panelists – Emily Rubin, MD, Pulmonary and Critical Care Medicine; Kathryn Hibbert, MD, director, Medical ICU; Christine McCarthy, RN, Medical ICU; and Thabele Leslie-Mazwi, MD, Neurology Department – who have dedicated their careers to reorienting the care of dying patients to be a more collaborative process that puts the primary focus of care on the patient. They each spoke of the obstacles and successes they endure working in palliative care.

"We are faced with an incredible challenge," said Vicki Jackson, MD, MPH, chief of the Division of Palliative Care and Geriatric Medicine, who moderated the panel. "How do we help patients have the best shot at a good outcome with all the new technology to avoid prolonging dying inappropriately?"

One important approach Zitter shared to help end of life patients is honesty – not only with patients, but with families, caregivers and colleagues. With the proper information in their hands, she said, patients can be empowered to choose a different kind of death, one in line with their preferences and values. "Patients can't plan for a good death if they don't know they are dying," Zitter said. "We can't always save their life, but we can save their humanity. And that to me is a new kind of heroism."



MGHers provide medical support during Bush 41 state funeral

AT 4 PM ON DEC. 2, Monica Staples, RN, an MGH Emergency Department nurse and clinical nurse specialist in the Center for Disaster Medicine, received a text message: The National Disaster Medical System's Disaster Medical Assistance Team (DMAT) was deploying.

The next morning the regional team – including Staples and fellow MGHers Lisa Anahory, RN, Emergency Department; paramedic David Mather, MGH Center for Disaster Medicine; Michael Storey, CRNA, North Shore Medical Center; and Jarone Lee, MD, Blake 12 ICU – boarded a plane headed for the nation's capital. There they would spend the next four days providing medical support to the thousands of people who congregated to pay their respects to former President George H.W. Bush, who died Nov. 30 at the age of 94.

"There was a team from Texas and our team from New England who were called upon, which was a nice little nod to honor President Bush and the areas where he lived," Staples said. "It was very special to be a part of."

Nationwide there are more than 6,000 members of the National Disaster Medical System, organized into 70 response teams. They consist of physicians, nurses, paramedics, fatality management professionals, and experienced command and control staff. The group provides medical care during emergencies and works behind-the-scenes at some of the nation's biggest events – such as Bush's state funeral – which can overwhelm local and state resources.

"For this event, we are there to help in any way we can," Staples said. "We provide basic first aid to advanced medical support – everything from minor cuts to monitoring for hypothermia, because this event was 24 hours a day and it was very cold."

The former president's body lay in state in the Rotunda of the United States Capitol from Dec. 3 through Dec. 5, and was followed by a public funeral service at Washington National Cathedral. In Houston, a private funeral service was held Dec. 6 before Bush was laid to rest in College Station.



D.C. DEPLOYMENT: Staples, far left, with members of the regional DMAT team

Compassionate care for sexual abuse victims

HOLLY PRITCHARD IS A WIFE, a mother of two boys, a librarian and a volunteer at her church. Recently, just weeks after a procedure at the MGH, she spent hours carefully penning Christmas cards to U.S. military veterans. Still, Pritchard says, that is not the only message she needs to deliver this holiday season. "I want people to know that hope is alive at Mass General for every survivor of sexual abuse who may need compassionate medical treatment."

Now 54, Pritchard says she was just 8 years old when she was sexually abused. The assaults continued for several years before her abuser would finally admit his guilt.

She says extensive counseling helped lessen her emotional pain, but as Pritchard entered adulthood, a flare-up of both psychological and physical pain occurred, due to several medical conditions.

"Nearly 10 years ago I was dealing with chronic endometrial infections and an irregular heartbeat," says Pritchard. "My trusted local OB/GYN provided exceptional care, but repeat pelvic exams would sometimes leave me screaming into a pillow the pain was so deep. And when I had to make trips to the emergency room with an irregular heartbeat, my condition was often dismissed as a panic attack given the trauma of my past."

Pritchard began to seek out specialty care at the MGH. She was first referred to MGH Cardiology, where she says doctors quickly realized that anxiety was not the cause of her physical symptoms. Diagnosed with both a congenital heart defect and atrial fibrillation, she now sees both Leon Ptaszek, MD, PhD, of the Cardiac Arrhythmia Service and Amy Spooner, MD, of Clinical Cardiology.

Ptaszek says symptoms associated with arrhythmia often tend to overlap

with those associated with anxiety. "Teasing the two apart takes a lot of careful listening," he says.

"When I met Holly, I was made aware of the abuse in her past and knew we would need to be sensitive to both her physical and emotional needs," says Spooner. "We've managed her medical conditions – but moreover I feel her quality of life has improved in the last decade because she feels reassured she's in a safe

space here at MGH."

More recently, Pritchard has turned to MGH Obstetrics and Gynecology in an effort to resolve years of endometrial pain and bleeding.

"When patients like Holly are brought in, even small things like allowing the patient to remain fully dressed during appointments are important

to us," says Thuy Tien Ly, MD, an obstetrician-gynecologist at MGH. "Many survivors of sexual abuse cannot tolerate in-office procedures like biopsies. For Holly, we knew that it would be better to bring her straight to the operating room for a diagnostic biopsy of her uterus."

Ly adds that in Pritchard's case, close coordination with Cardiology also is a priority during any procedures involving general anesthesia. "We monitor her closely for any cardiac issues, and there are cardiologists standing by should she run into any trouble," says Spooner.

That team approach was also employed last month, as Pritchard underwent a hysterectomy aimed at removing extensive uterine scarring and improving her quality of life. Pritchard says she is feeling well after the procedure.

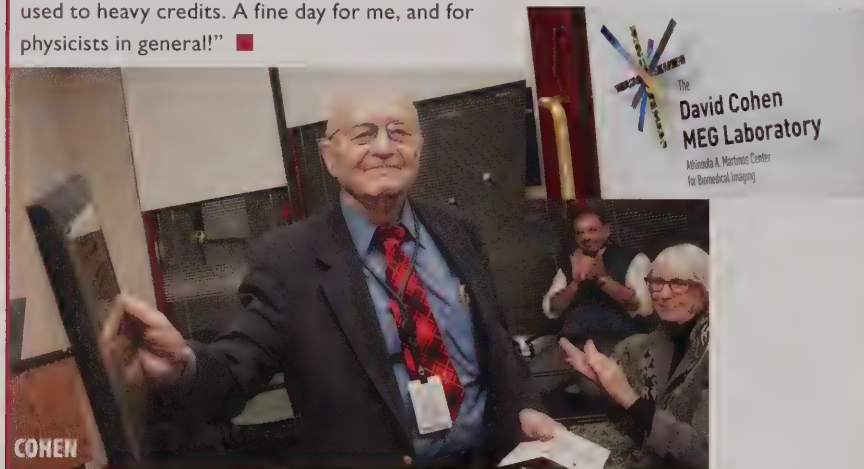
"You hear about complex medical care – but life is complex too," says Pritchard. "I hope my story encourages other women to take their next step toward being well." ■

"You hear about complex medical care – but life is complex too. I hope my story encourages other women to take their next step toward being well."
—Holly Pritchard

MEG lab named for pioneer

ON NOV. 30, the Athinoula A. Martinos Center for Biomedical Imaging celebrated the recent dedication of the David Cohen MEG Laboratory in the Charlestown Navy Yard, named for the “father of MEG.” MEG, or magnetoencephalography, is an imaging technique that measures the magnetic fields generated by brain activity. Cohen, who joined the Martinos Center in 1999, invented the technology during his time at the Massachusetts Institute of Technology in 1969. Now 91 years old, Cohen continues to publish studies and mentor colleagues in MEG.

“The honor was certainly unexpected and a big surprise,” says Cohen. “Working with my colleagues at the Martinos Center was always reward enough, but this event overwhelmed me. As an experimental physicist doing research in a hospital, I am not used to heavy credits. A fine day for me, and for physicists in general!” ■



Call for 2019 McGovern Award nominations

THE MGPO IS NOW accepting nominations for the 2019 Brian A. McGovern, MD Award for Clinical Excellence. McGovern was a respected MGH cardiologist who inspired many of his colleagues with his blend of intelligence, dedication, good nature and humor.

The MGPO is looking for physicians who emulate his qualities, are focused on patient care, are superb clinical role models and are often considered “unsung heroes.” Physicians in good standing in every clinical department are eligible to receive this award.

Anyone associated with the MGH may submit a nomination, including attending and trainee physicians, nurses, other employees, volunteers, students or patients.

Visit <https://mgpo.partners.org/mcgovern/> to submit a nomination by Jan. 18. For more information, contact Emma Leestma at eleestma@partners.org or 617-724-7337.

— Global leader

(Continued from page 1)

Since she's been at the MGH, Maswime's research has expanded to focus on maternal mental health after a stillbirth. “In South Africa, the focus is on saving the lives of the mother and the baby, and we worry about the mind later,” she says. “Naturally people want to save lives, but we need to also realize what happens afterward, the intense pain of losing an unborn child. I hope to use my experience here to advance research further and help others in my country.”

Maswime's maternal and women's health efforts have been recognized globally. She recently received the Young Achiever Award from *Africa Business News* in partnership with *Forbes Africa* and *CNBC Africa*, and was honored with the Young Achiever and Trailblazer Award from the president of South Africa in 2017.

Though she has always enjoyed the thrill of clinical work, Maswime's passion for research grew in 2014 while she was earning her PhD at the University of the Witwatersrand. “I developed not only love for research and science, but of having a global perspective for what I am doing,” she says. “Research allows us to focus on these vast inequities.”

Out of that dual passion for clinical work and research, in 2018 Maswime also launched the South African Clinician Scientists Society. What started as roundtable meetings with a few like-minded people has grown – within one year – to a group of more than 100 clinician-scientists hoping to discover and develop the next South African and global leaders.

“We hope to be the next generation of clinician-scientists and drive health forward in South Africa,” says Maswime. “What affects South Africa affects all of Africa. It is not just about us, it is about the entire continent.” ■



Supporting excellence

ON DEC. 6, Inga Lennes, MD, senior vice president of Patient Experience and Practice Improvement, right, presented two tickets to the Holiday Pops performance at Symphony Hall to Sheila Gnerre, certified bone density technician in the MGH Bone Density Center, left, for completing the fiscal year 2019 annual hospitalwide training. This training supports Excellence Every Day at the MGH and is a requirement for the entire MGH workforce.

Staff who complete the training by Dec. 31 will have their name automatically entered to win an official New England Patriots jersey autographed by wide receiver Chris Hogan. To complete the training assignment in HealthStream, log onto any Partners workstation, and go to Partners Applications > Utilities > HealthStream and click the “To Do” tab.



Christmas tree!



MERRY AND BRIGHT:

Jonathan Sanchez, of the MGH Buildings and Grounds electrical shop, strings lights on the tree outside of the White Building. Sanchez has worked at the hospital for 13 years.

HAVEN holiday joy

More than 40 MGH departments and individuals participated in the annual HAVEN (Helping Abuse and Violence End Now) holiday drive, providing 60 HAVEN families and more than 100 children with gift cards. The drive was organized with help from HAVEN staff, from left, Debra Drumm, Abby Farrand, Lolita Orozco Villalba, Sandra Elien and Elizabeth Marshall. "The gift cards have been such a blessing and have helped meet the needs of me and my two boys," said a HAVEN client. "I'm forever grateful."

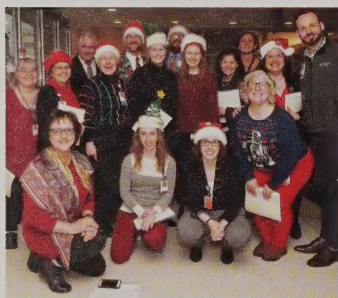




SAVING SANTA: Santa was at the MGH once again as part of his annual admission, which dates back to the early 1950s. This year, he was found wandering the streets in the thick of winter, delirious and asking for the North Pole. Fortunately, the good folks at Boston EMS interpreted “North Pole” to mean “North Shore” Medical Center. Santa was ultimately transferred to the MGH with concern for necrotizing pancreatitis. In a saga paralleling that of Ebenezer Scrooge, the snowflake surgical interns traveled into the past and future – guided by the wise ghost of their program director – to search for a cure for Old Saint Nick. Fortunately, through their travels, they successfully diagnosed and treated Santa, in the Nick of time.



DECADENT DELIGHTS: In preparation for the holiday season, renowned chef D. Michael Grant provided pediatric patients from MassGeneral Hospital for Children inpatient units with a pastry lesson Dec. 13. The Scampo Restaurant chef and baker guided the group, including James McNary, at left, through the delicate process of creating a pavlova dessert, a meringue-based cake stuffed with homemade ice cream.



DECK THE HALLS:

MGHers spread holiday cheer by singing loud for all to hear Dec. 19 in the White corridor. The annual Holiday Songfest, hosted by the MGH Spiritual Care Department, featured carolers donned in their gay apparel who entertained staff, patients and visitors with songs of the season.



WREATHS OF REMEMBRANCE: On Dec. 15, a wreath was placed upon each of the 3,200 graves of veterans at Mount Wollaston Cemetery in Quincy as part of National Wreaths Across America Day. The local event was spearheaded by Christine Cugini, of MGH Development, who also serves as president of the MGH Military Veteran Partners group. More than 300 volunteers helped lay the wreaths, including members of MGH Development.



SPREADING CHRISTMAS

CHEER: Boston Bruins players – including Joakim Nordstrom and Torey Krug, pictured here – sported their most festive hats during their Dec. 12 visit to MassGeneral Hospital for Children patients. They delivered toys, posed for photos and spread holiday joy.



'TIS THE SEASON: Members of the MGH Revere Youth Zone and the Revere HealthCare Pediatric Department wrapped gifts for kids in need Dec. 10. The event was organized by Melissa Silverberg and Matt Carron, of MGH Revere, and hosted at the Youth Zone, a free after-school program in Revere that offers homework help, games, cooking and music lessons and volunteering opportunities for area youth.



HOLLY JOLLY HOLIDAYS: MGH staff gathered for the annual MGH Holiday Reception, hosted for both day and night shift employees at Tea Leaves and Coffee Beans and at the Charlestown Navy Yard. Party-goers enjoyed tasty treats, collegial comradery and merry music.



Christmas comrades

Holiday greetings sent from MGH staff serving overseas during World War II in this December 1943 photo from the MGH Archives. The message – sent from Edward G. Thorp, Richard G. Whiting, John R. Graham, John W. Zeller and Howard Ulfelder – reads “Merry Christmas from all the above.”



ON DONNER, ON DONOR, ON BLITZEN: You can “B-positive” that the MGH Blood Donor Center – with help from Pathology staff – collected a sleigh full of donations for MassGeneral Hospital for Children pediatric patients. The toys were delivered Dec. 17 by Santa Claus, Jodi the elf and Kim Cronin, manager of MGH Donor Services.



FESTIVAL OF LIGHTS AND LATKES: MGH staff gathered in the Trustees Room Dec. 5 to celebrate the fourth night of Chanukah. Attendees lit candles, spun dreidels and enjoyed traditional potato latkes. The annual event was co-sponsored by the MGH Spiritual Care Department and Human Resources.

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MGH **HOTLINE**

Cookies, cocoa and cops

To the delight of pediatric patients and police officers, hot cocoa was in abundance Dec. 6 at the Cookies, Cocoa and Cops event, sponsored by the PUPP (Police Uniting with Pediatric Patients) Program – a partnership between MGH Police, Security and Outside Services and the MassGeneral Hospital for Children Child Life Program. Patients – including Emma Jackson with officer Joseph Mazza at left, and James Hurley with officers Zachary Troupe and John Donahue – topped their cocoa with whipped cream, marshmallow fluff, cinnamon and sprinkles, and stirred their delectable creations with peppermint stick spoons. Gingerbread people – supplied by MGH Nutrition and Food Services – also were decorated with colored frosting before being quickly devoured.

A holiday helper

MGH Police, Security, and Outside Services welcomed a new employee this holiday season. Buddy Bulfinch decked the halls, explored the hospital and helped spread holiday cheer.



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